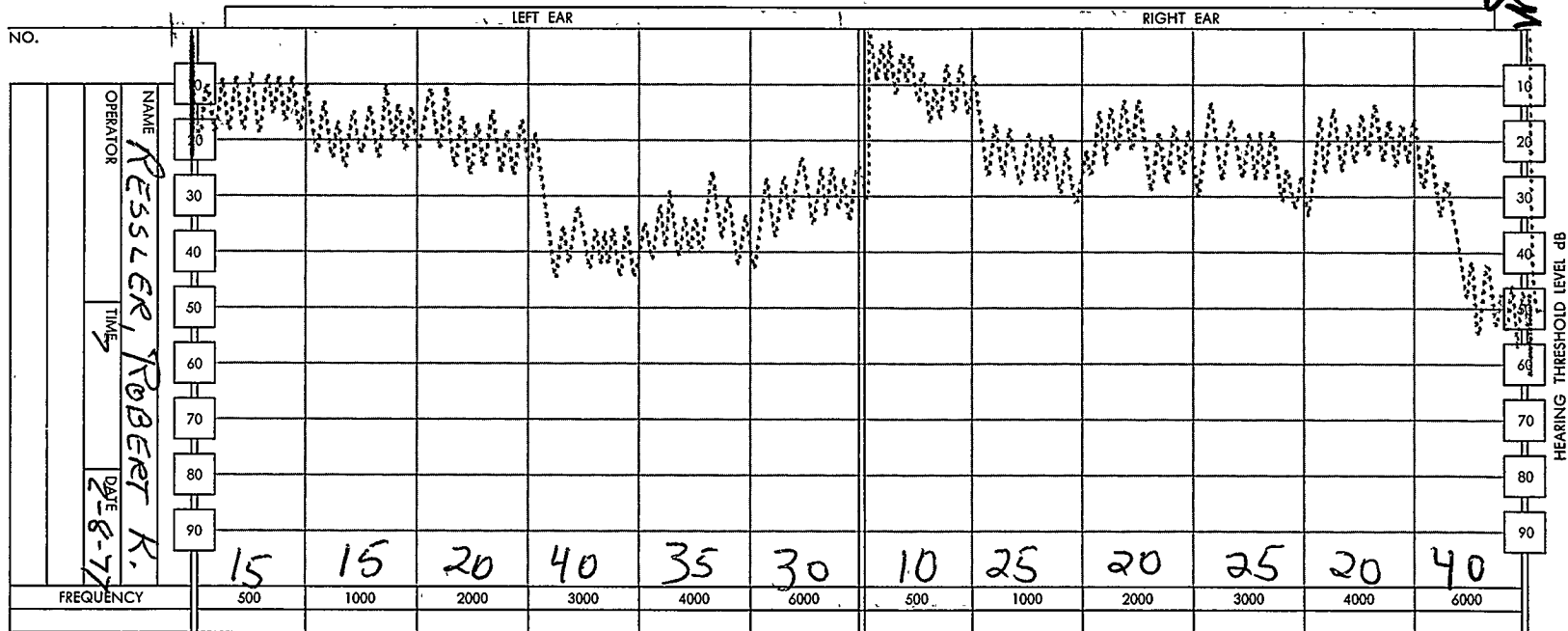


MEDICAL REPORTS

SA RESSLER, ROBERT K.

AUDIOGRAM



CAN BE USED FOR
EITHER ANSI 1969 OR
ISO 1964 AUDIOMETER
CALIBRATION

JOHNSON & QUIN, INC.
DPSC 24152

Rudmose® Audiogram

NO.

b6
b7C

LEFT EAR

RIGHT EAR

NAME

OPERATOR

TIME

DATE

FREQUENCY

(HTL) "ISO-ASA-X"

500

1000

2000

3000

4000

6000

500

1000

2000

3000

4000

6000

X=14

X=10

X=8.5

X=8.5

X=6

X=9.5

X=14

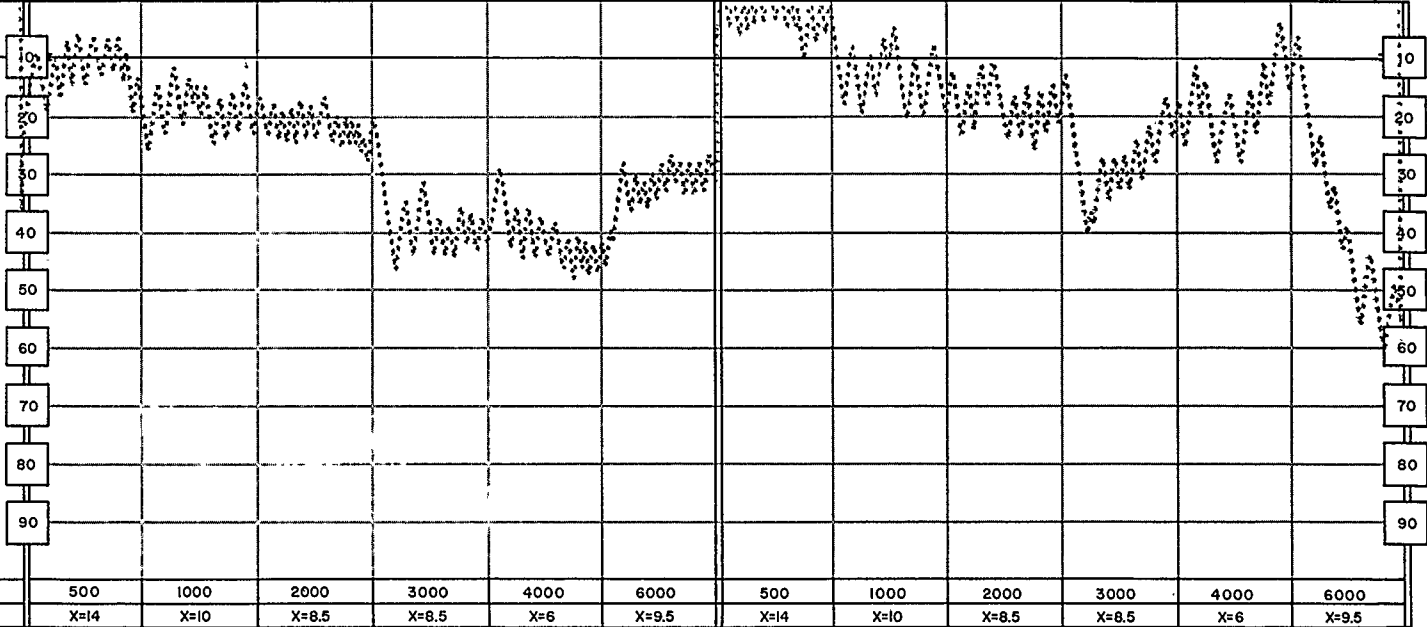
X=10

X=8.5

X=8.5

X=6

X=9.5



TRACOR P/N 754033-0001
PRINTED IN USA

ISO 1964



Medical Instruments

6500 Tracor Lane, Austin, Texas 78721

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TRACOR, INC
AUSTIN, TEXAS

HEARING CONSERVATION DATA CARD NO. _____

TYPE OF
AUDIOGRAMREFERENCE
AND/OR
PRE-EMPLOYMENT
RECHECK
OTHER _____☐
☐

A. IDENTIFICATION

LAST NAME	FIRST	MIDDLE	SEX MALE FEMALE	DATE OF BIRTH DAY MO. YR.		
SOCIAL SECURITY NUMBER			COMPANY NUMBER			

B. CURRENT NOISE-EXPOSURE

JOB TITLE OR NUMBER	DEPARTMENT OR LOCATION	TIME IN JOB NONE MOS. YRS.		
NOISE-EXPOSURE STEADY NOISE CONTINUOUS ☐ IMPULSE NOISE CONTINUOUS ☐ INTERMITTENT ☐ INTERMITTENT ☐		PERCENT TIME NOISE ON 10 20 30 40 50 60 70 80 90 100		EMPLOYEE'S EST. OF OWN HEARING GOOD FAIR POOR

C. AUDIOGRAM

TIME SINCE MOST RECENT NOISE EXPOSURE				DURATION OF MOST RECENT NOISE EXPOSURE			
0-20 MIN.	1 HR.	4-7 HRS.	1 DAY	0-20 MIN.	1 HR.	4-7 HRS.	
21-50 MIN.	2-3 HRS.	8-16 HRS.	2-3 DAYS	21-50 MIN.	2-3 HRS.	7+ HRS.	
			4+ DAYS				
AGE	DATE OF AUDIOGRAM	DAY OF WEEK	TIME OF DAY	EAR PROTECTION WAS EAR PROTECTION WORN? YES NO			

D. PREVIOUS NOISE-EXPOSURE AND MEDICAL HISTORY

PREVIOUS EMPLOYMENT (LAST 3 JOBS)

TYPE OF WORK	FOR WHOM	HOW LONG
_____	_____	_____
_____	_____	_____
_____	_____	_____

HISTORY

HEAD INJURY (WITH UNCONSCIOUSNESS)	☐
HEARING LOSS IN FAMILY (BEFORE AGE 50)	☐
TINNITUS FOLLOWING NOISE-EXPOSURE L R	☐ ☐

STATUS

PERFORATIONS OF DRUMHEAD	L	R
DRAINAGE FROM EAR		
MALFORMATION OF EAR	L	R

RECORD ANY COMMENTS
SUBJECT MAKES ABOUT HEARINGTECHNICIAN _____
PHYSICIAN _____

FOR SERVICE ON YOUR AUDIOMETER, CALL

TRACOR**Medical Instruments**

AC 512 / 926-2800

Rudmose® Audiogram

NO. b6
b7C

LEFT EAR

RIGHT EAR

OPERATOR

NAME

Ressler, R. K.

TIME

DATE

2 Nov 64

0
20
30
40
50
60
70
80
90

10
20
30
40
50
60
70
80
90

HEARING THRESHOLD LEVEL dB

FREQUENCY	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
(HTL) "IS" "A+X"	X=14	X=10	X=8.5	X=8.5	X=6	X=9.5	X=14	X=10	X=8.5	X=8.5	X=6	X=9.5

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HEARING CONSERVATION DATA CARD NO. _____

TYPE OF
AUDIOGRAM

REFERENCE
AND/OR
PRE-EMPLOYMENT ☐
RECHECK ☐
OTHER _____

A. IDENTIFICATION

LAST NAME	FIRST	MIDDLE	SEX MALE FEMALE	DATE OF BIRTH DAY MO. YR.		
SOCIAL SECURITY NUMBER			COMPANY NUMBER			

B. CURRENT NOISE-EXPOSURE

JOB TITLE OR NUMBER	DEPARTMENT OR LOCATION	TIME IN JOB NONE MOS. YRS.		
NOISE-EXPOSURE STEADY NOISE ☐ CONTINUOUS ☐ INTERMITTENT ☐ IMPULSE NOISE ☐ CONTINUOUS ☐ INTERMITTENT ☐		PERCENT TIME NOISE ON 10 20 30 40 50 60 70 80 90 100		EMPLOYEE'S EST. OF OWN HEARING GOOD FAIR POOR

C. AUDIOGRAM

TIME SINCE MOST RECENT NOISE EXPOSURE 0-20 MIN. 1 HR. 4-7 HRS. 1 DAY 21-50 MIN. 2-3 HRS. 8-16 HRS. 2-3 DAYS 4+ DAYS				DURATION OF MOST RECENT NOISE EXPOSURE 0-20 MIN. 1 HR. 4-7 HRS. 21-50 MIN. 2-3 HRS. 7+ HRS.			
AGE	DATE OF AUDIOGRAM	DAY OF WEEK	TIME OF DAY	EAR PROTECTION WAS EAR PROTECTION WORN? YES NO			

D. PREVIOUS NOISE-EXPOSURE AND MEDICAL HISTORY

PREVIOUS EMPLOYMENT (LAST 3 JOBS)

TYPE OF WORK	FOR WHOM	HOW LONG
_____	_____	_____
_____	_____	_____
_____	_____	_____

HISTORY

HEAD INJURY (WITH UNCONSCIOUSNESS) ☐
 HEARING LOSS IN FAMILY (BEFORE AGE 50) ☐
 TINNITUS FOLLOWING NOISE-EXPOSURE L R

STATUS

PERFORATIONS OF DRUMHEAD L R
 DRAINAGE FROM EAR
 MALFORMATION OF EAR L R

RECORD ANY COMMENTS
 SUBJECT MAKES ABOUT HEARING

TECHNICIAN _____
 PHYSICIAN _____

FOR SERVICE ON YOUR AUDIOMETER, CALL

TRACOR

Medical Instruments

AC 512 / 926-2800

TREADMILL REPORT

Pertinent History:

None

Previous TST Results:

Baseline EKG:

Normal

Abnormal

Uninterrupted exercise was performed on a treadmill, using a standard Bruce protocol with a Mason-Likar system at progressively increasing work loads to a maximum of 13 METS. You reached 3 min. into Stage 4.

EKG findings: Non-Ischemic

BP findings: Normal

Signs & Symptoms: None

Heart Rate: 160 %max 94%

Duration (minutes): 10

Aerobic Capacity: Very good

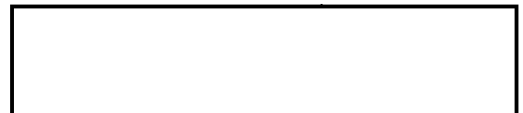
Peak BP: 160/6

Impression: Normal Stress Test

While you should be advised that no screening study for the presence of heart disease offers 100% assurance of the absence of present or future cardiac disability, this is a normal stress test, and you may proceed with your exercise program with the assistance of your private physician.

Submaximal exercise testing, 85% maximum or less, does not allow a definitive statement as to the presence or absence of coronary disease.

Any questions regarding the test will be answered to your satisfaction prior to leaving the testing area.



b6
b7c

NAME RESSLER, ROBERT AGE 50 85% 145 100% 171

SEX M HT 6'1" WT 180

SEX M HT 6'1" WT 180

[illegible]

RESULT of PREVIOUS TST neg

CIRCLE POSITIVE FEATURES

1. Anginal Symptoms - Pain, pressure and/or tightness in neck, chest, elbow, wrist; palpitations, shortness of breath, nocturnal or early morning chest pain or discomfort. 0
2. Precipitation of Symptoms - Effort, emotion, sex, food, position, smoking, spontaneous, other. —
3. Relief of Symptoms - Rest, nitrates (time symptoms are relieved), belching, antacids, other. —
4. Medical History - Previous heart attack(s), rheumatic heart disease, heart murmurs, diabetes mellitus, rapid heart rate, fluttering in the chest, other illnesses. 0
5. Risk Factors - (a) Hypertension: Untreated?, Treatment if any.
(b) Smoking: Cigarettes, cigar, pipe, previous smoker _____ years; quit when _____
(c) Cholesterol level 224,
Triglycerides level 65.
(d) Family Medical History: Heart attack(s), hypertension, diabetes mellitus, high cholesterol, strokes. 0
6. Exercise ----- (a) Minimal (sedentary)
(b) Moderate (active occupation)
(c) Moderate ("weekend" or occasional athletics)
(d) Active (regular exercise 3x/week, aerobics)
7. Medication - Digitalis, Quinidine, Nitroglycerine, Beta-Blockers, Anti-hypertensives, calcium channel blockers, Tambocar, Tocanide. 0
8. Procedure or Operation - Cardiac catheterization, coronary angiography, coronary angioplasty, coronary artery bypass surgery, pacemaker, echocardiogram (include results).

Reviewed by

b6
b7C

11-12-87

GRADED EXERCISE TOLERANCE TEST ADVISEMENT FORM

The Graded Exercise Tolerance Test is a useful, noninvasive diagnostic procedure in the evaluation of cardiopulmonary disease, and appraising therapeutic responses or progression of disease.

The test will be conducted by fully qualified medical personnel on a treadmill or bicycle ergometer with continuous electrocardiogram monitoring and periodic blood pressure determinations. The procedure will start with a low intensity workload which will be increased at specific intervals until the examinee's exercise testing has been attained based on an age predicted maximal heart rate.

While shortness of breath, fatigue and some leg discomfort may be expected, the examinee can request termination of the test at any time and should report any unexpected symptoms such as chest discomfort, pain or dizziness immediately. Abnormal blood pressure responses, fainting, a rapid, or slow ineffective heart beat, leg cramps and even rare instances of heart attack or sudden death may be associated with exercise testing.

I have been advised and understand the medical purpose of the test, methods to be employed and potential risks of the procedure described above. I have had any questions which may have occurred to me satisfactorily answered. I also understand that the results of the Graded Exercise Tolerance Test (Stress EKG) are to be utilized for medical evaluation purposes only, and will not be considered or be a factor in determining a general rating of physical fitness or used in performance evaluation unless regulations have been promulgated validating such use. The results may be used as a factor in the determination of the examining physician as to whether I will be certified as capable of performing strenuous exercise and participating in dangerous assignments. The results may also be used as a factor in the administrative determination of whether I am able to perform a full range of duties and whether I should be placed on limited duty.

Name of Physician



Signature of Patient

b6
b7C

Witness

Date: 2-4-88

RESSLER, ROBERT
ENVIRONMENT: FBI
EXERCISE STOPPED AT STAGE 4 2:58

357-28-1755

4. FEB 88
PROTOCOL: BRUCE
TOTAL EXERCISE TIME 10:00

FINAL REPORT -- PAGE
METS ACHIEVED: 12
TOTAL RECOVERY TIME 4:1

AVERAGED BEATS				
	RESTING	PRE EXER	STOP EX	ST CHG
GAIN	X1	X1	X1	X1
HR/ER	68/5	68/5	160/0	106/0
V2	+0.5/+4	+0.5/+4	-0.1/+27	+0.8/+31

HEARTRATE GRAPH

0 TO 250 BPM

MAX HR = 160

ECTOPIC RATE GRAPH

0 TO 50 BPM

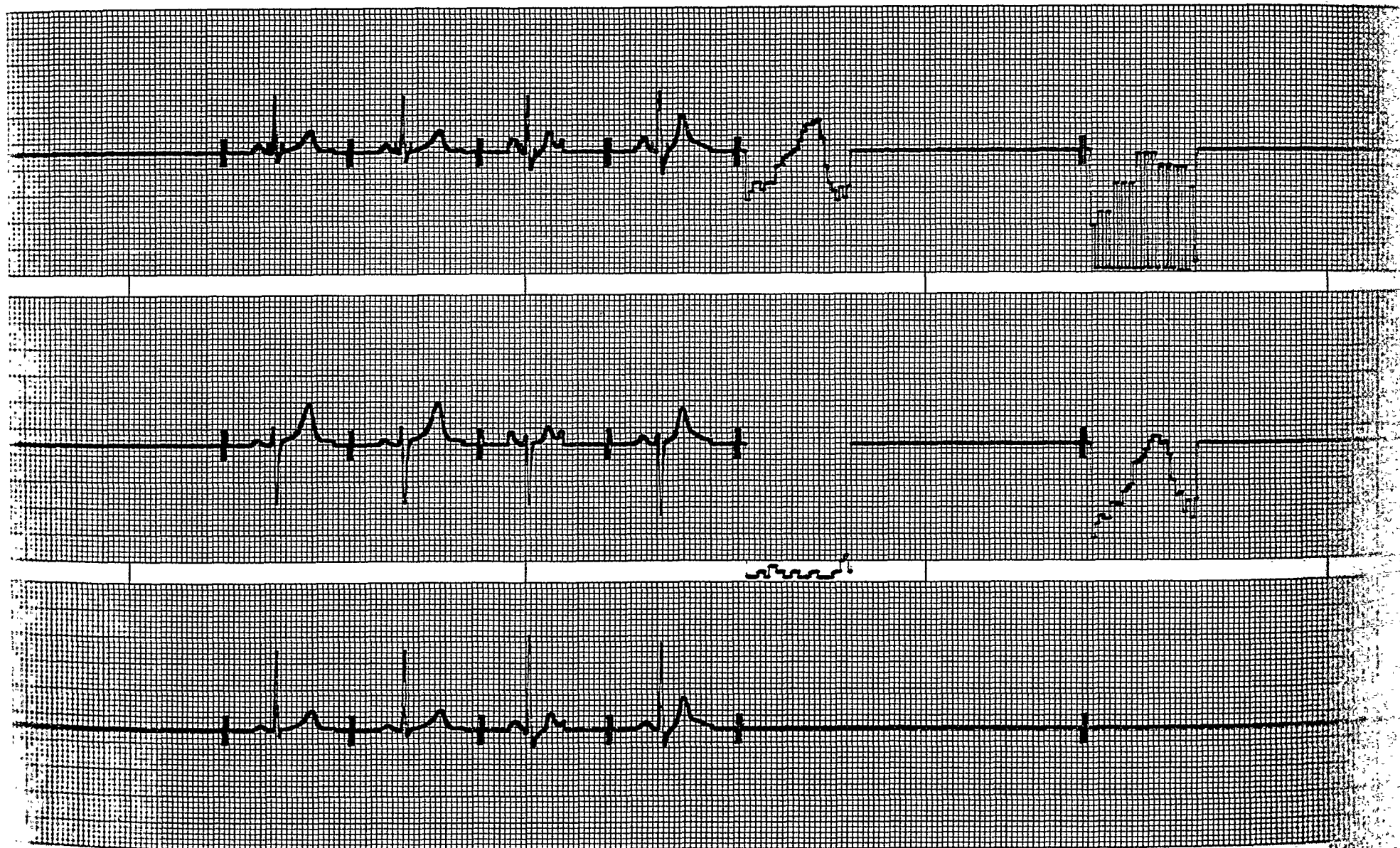
BLOOD PRESSURE GRAPH

50 TO 300 MMHG

MAX BP = 172/60

HR X BP PRODUCT GRAPH

0 TO 50K-MMHG-BPM



RESSLER, ROBERT
ST PARAMETERS

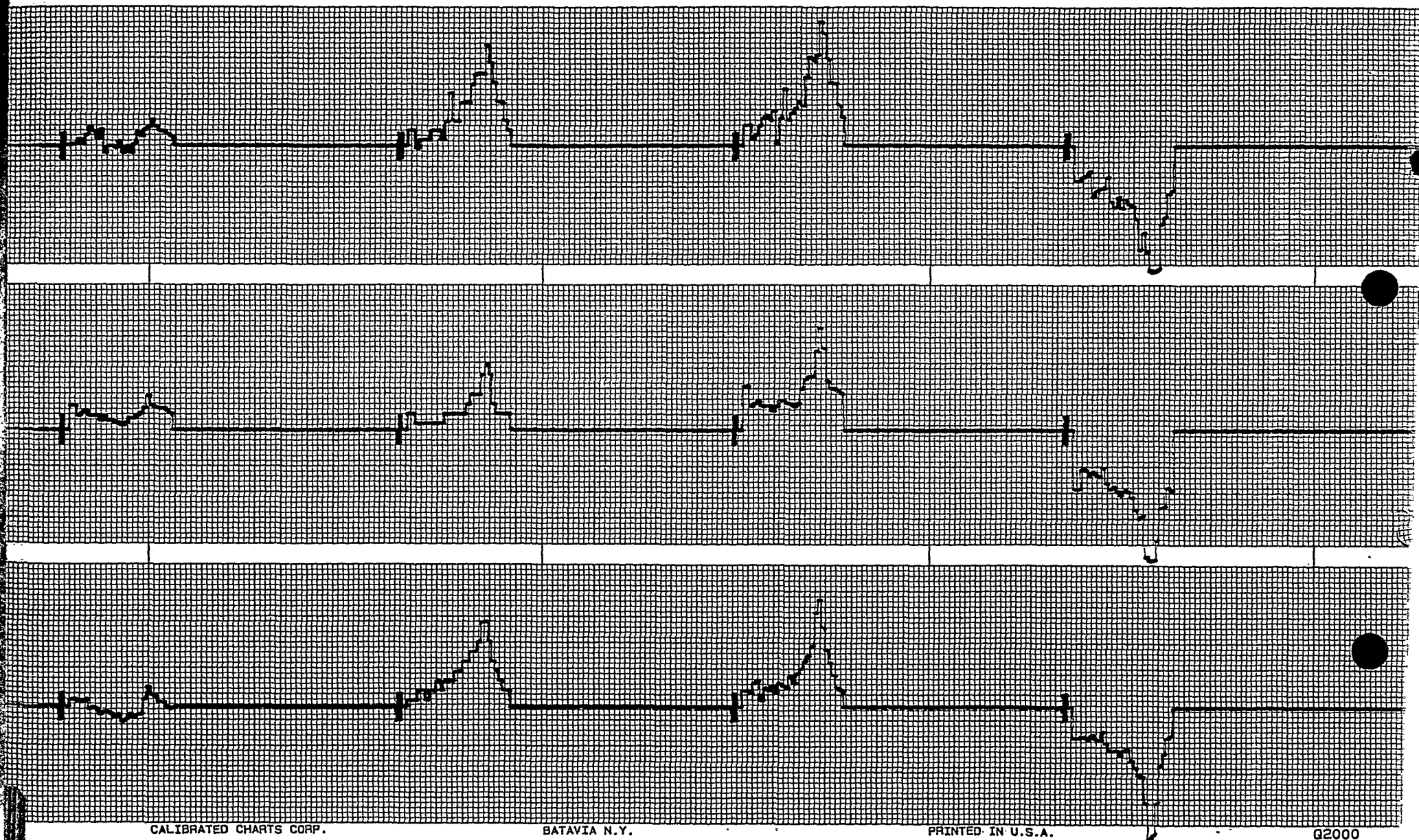
357-28-1755

4 FEB 88

FINAL REPORT -- PAGE 2

MAXIMUM ST CHANGE FOR V5 OCCURRED AT RECOVERY 1:07

ST LEVEL GRAPHS J + 40 MSEC -5 TO +5 MM			ST SLOPE GRAPHS J + 0 FOR 60 MSEC -50 TO +50 MM/SEC			ST INDEX GRAPHS (LEVEL + SLOPE/10) -5 TO +5			ST INTEGRAL GRAPHS J + 60 FOR 60 MSEC -25 TO +25 MV-SEC		
	PRE EXER	ST CHG		PRE EXER	ST CHG		PRE EXER	ST CHG		PRE EXER	ST CHG
II	+0.6	+1.3	II	+4	+39	II	+1.0	+5.2	II	-7	-32
V2	+1.3	+1.3	V2	+8	+23	V2	+2.0	+3.7	V2	-12	-31



SSLER, ROBERT

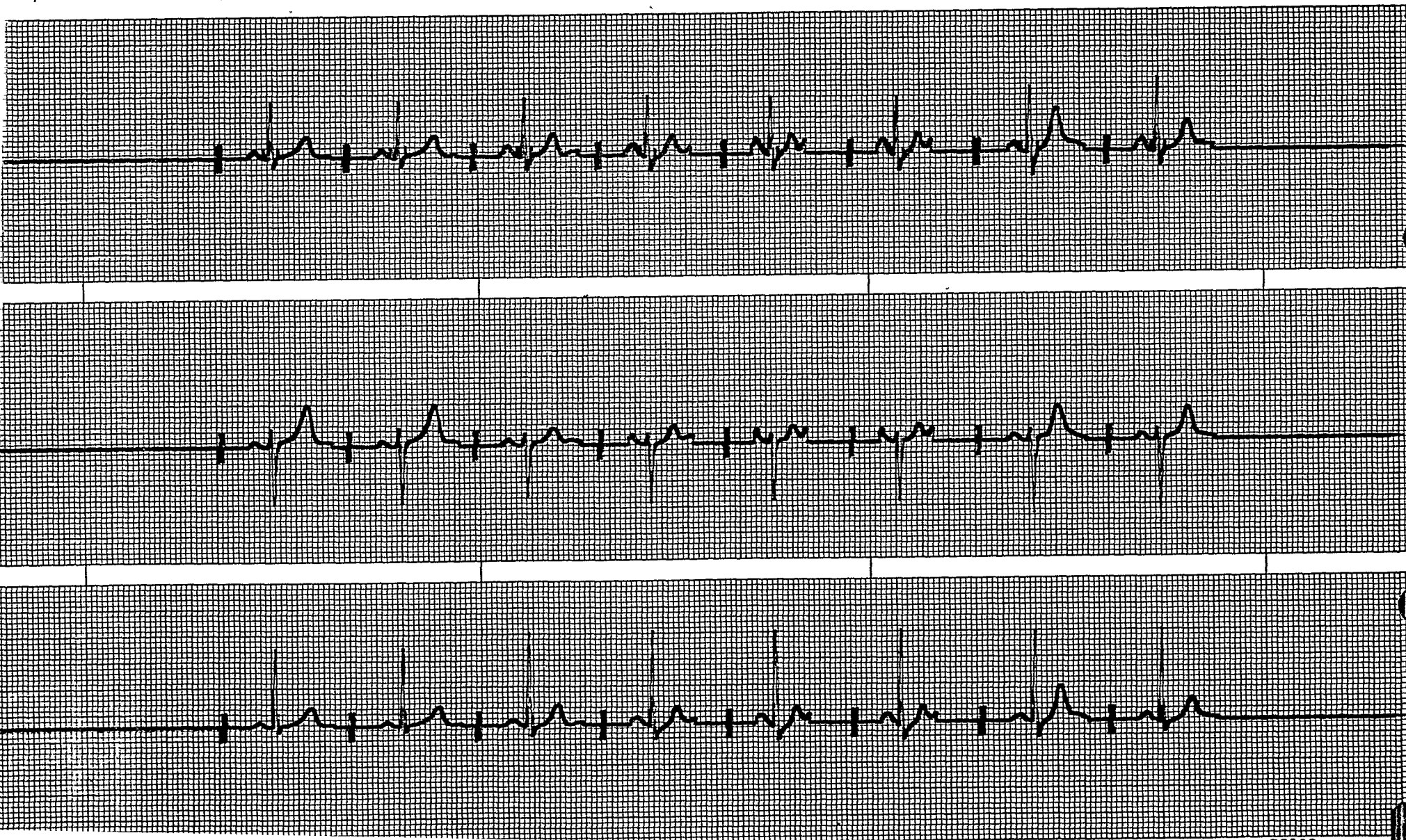
357-28-1755

4 FEB 68

FINAL REPORT -- PAGE 3

AVERAGED BEATS

STAGE	RESTING	PRE EXER	STG 2	STG 3	STG 4	STOP EX	RECOVERY	RECOVERY
STAGE TIME			2:45	2:45	2:45	0:00	2:00	4:00
GAIN	X1	X1	X1	X1	X1	X1	X1	X1
HR/ER	68/5	68/5	100/2	129/1	157/0	160/0	87/1	92/1
V5 L/S	+0.5/+4	+0.5/+4	+0.1/+8	-0.1/+16	-0.2/+27	-0.1/+27	+0.5/+20	0.0/+8
BP	100/72	100/72	142/60	172/60	160/60	160/60	158/58	133/66



SPIROTECH, INCORPORATED

ATLANTA, GEORGIA

SPIROTECH MODEL 300

SUMMARY TABLE PRINTOUT

PATIENT NAME: RESSLER ROBERT K

ID: NONE

DATE: 9/28/87 TEMP=31.8C BTPS CORR=1.033 B

MALE WHITE HEIGHT: 73.0IN AGE: 50YRS DX

FVC CRIT= 5% FEV1 CRIT= 5% BAR PR=760.0 F0

NORMALS: KNUDSON/CHERNIACK

..... MOST REPRESENTATIVE TEST RESULTS

PARAM	ACT	PRED	%PRED
FVC	5.70	5.14	111%
FEV.5	3.24	3.26	99%
FEV1	4.51	4.09	110%
FEV3	5.33	4.89	109%
PEFR	8.24	9.89	85%
MMEF	4.24	4.93	86%
FEF25%	7.03	8.85	79%
FEF50%	5.18	6.64	78%
FEF75%	1.91	3.42	56%
FEV.5/VC	.57		
FEV1/VC	.79	.81	98%
FEV3/VC	.93		

..... INDIVIDUAL SPIROGRAM RESULTS

	1# 9:42	2# 9:43	3# 9:43
	ACT %PRED	ACT %PRED	ACT %PRED
FVC	5.20 101%	5.70 111%	5.52 107%
FEV.5	2.85 90%	3.24 99%	3.08 95%
FEV1	3.94 96%	4.51 110%	4.36 107%
FEV3	4.70 96%	5.33 109%	5.05 103%
PEFR	8.07 83%	8.24 85%	8.15 84%
MMEF	3.41 83%	4.24 86%	4.23 86%
FEF25%	6.58 74%	7.03 79%	6.70 75%
FEF50%	5.20 78%	5.18 78%	4.93 74%
FEF75%	1.27 37%	1.91 56%	1.81 53%
FEV.5/VC	.57	.57	.56
FEV1/VC	.76 94%	.79 98%	.79 98%
FEV3/VC	.90	.93	.91

c. at 20mm/sec.

1 sec. at 10mm/sec.

1 sec. at 20mm/sec.

Ressler, Robert K

9/28/87

8

7

6

5

4

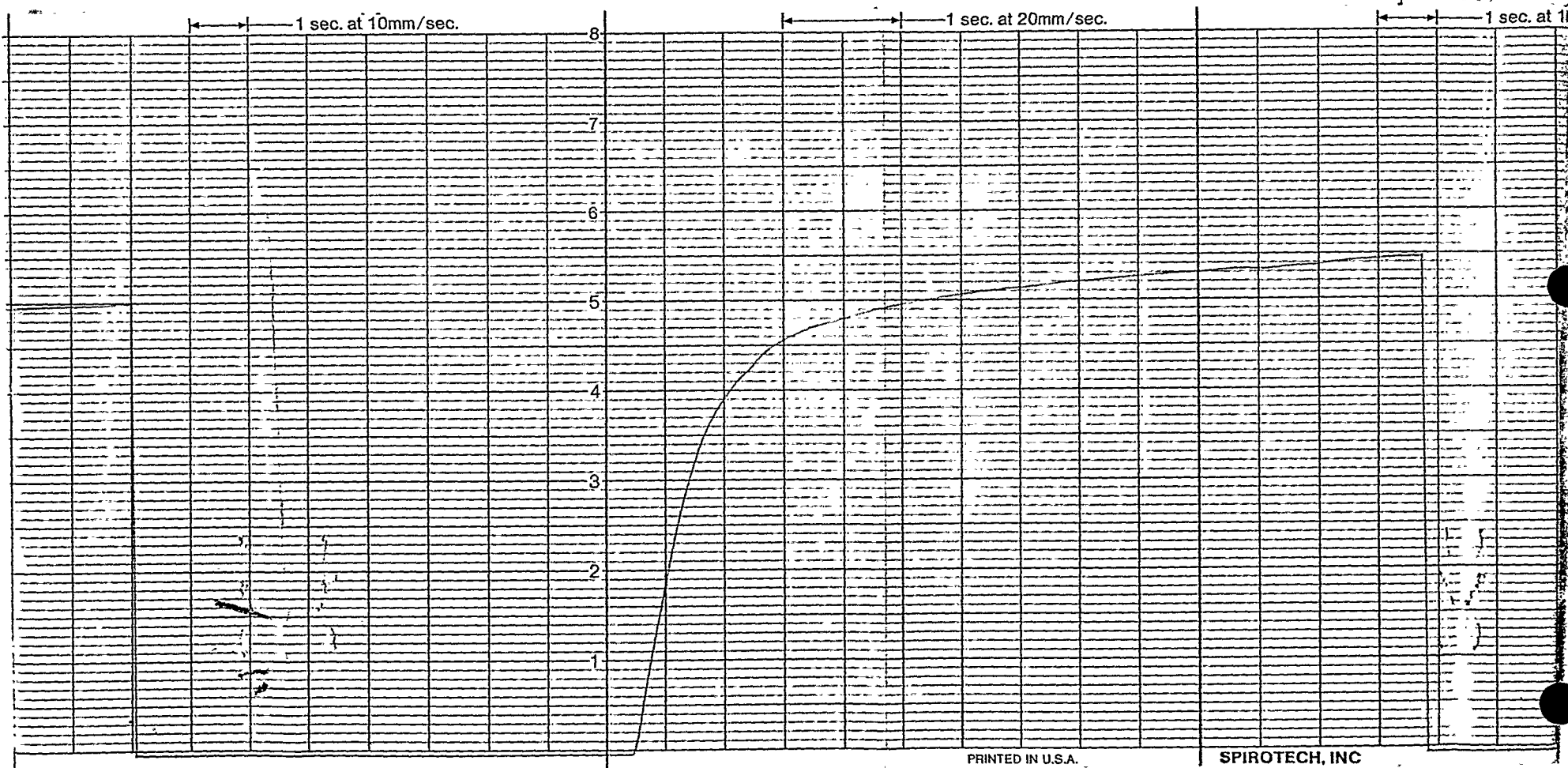
3

2

1

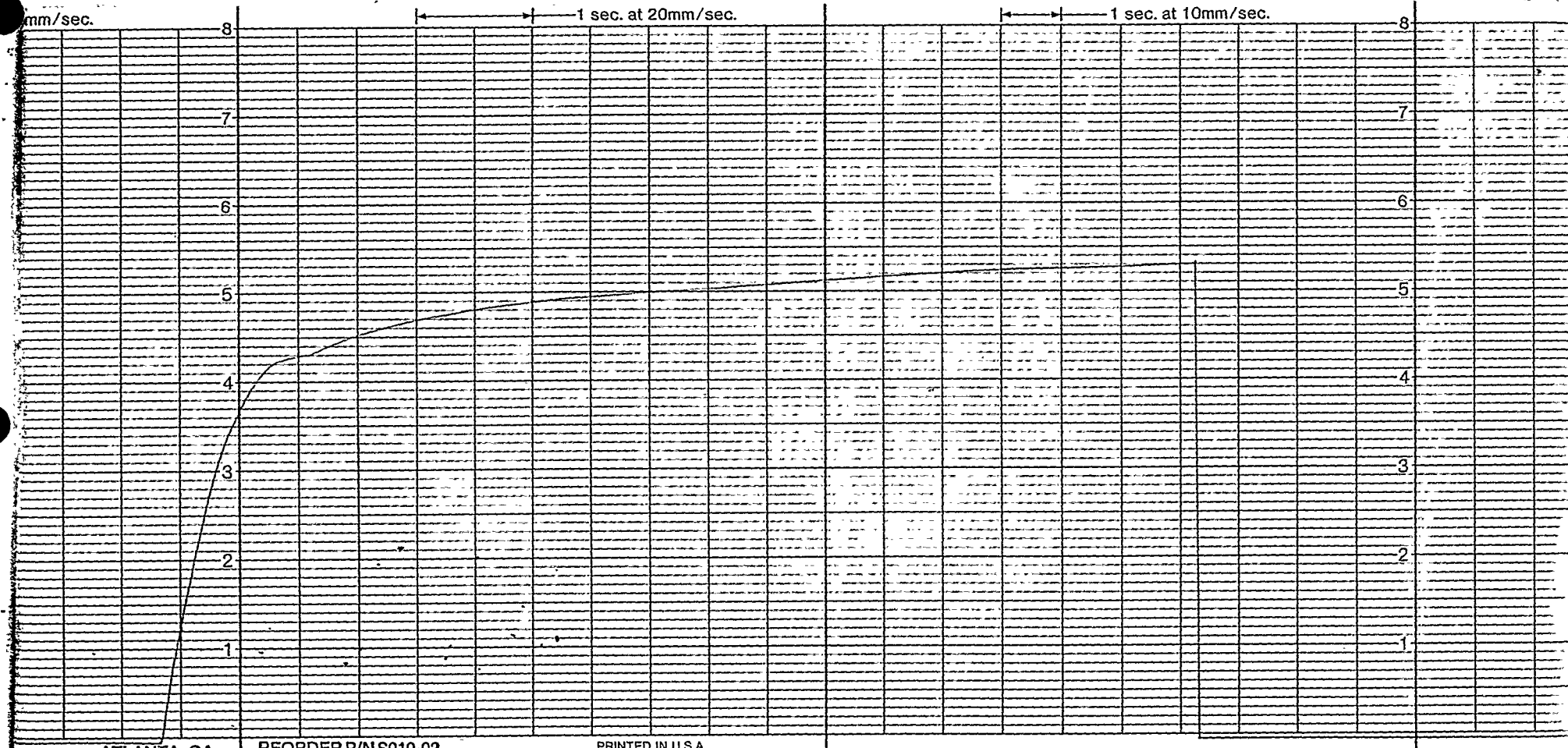
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SPIROTECH, INC



ATLANTA, GA.
PRINTED IN U.S.A.

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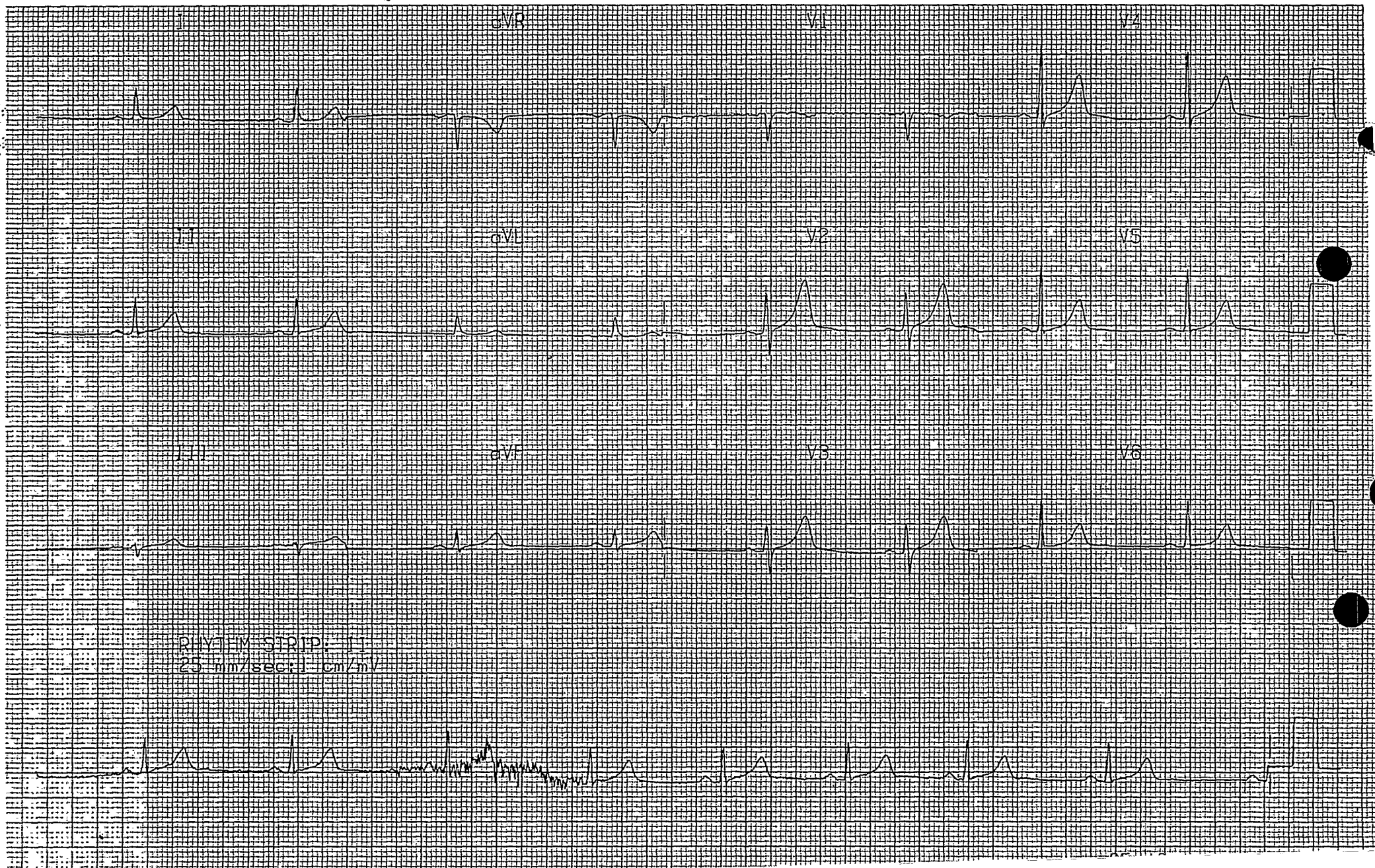
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PRINTED IN U.S.A.

Kessler, Robert K.
9/28/82



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SPIROTECH, INCORPORATED

ATLANTA, GEORGIA

SPIROTECH MODEL 300

SUMMARY TABLE PRINTOUT

PATIENT NAME: RESSLER RK

ID: 1

DATE: 10/ 6/89 TEMP=34.0C BTPS CORR=1.019 S

MALE WHITE HEIGHT: 71.0IN AGE: 49YRS DX

FVC CRIT= 5% FEV1 CRIT= 5% BAR PR=760.0 F0

NORMALS: KNDSDW/CHERNIACK

..... MOST REPRESENTATIVE TEST RESULTS

PARAMETER ACT PRED %PRED

FVC 5.25 4.94 110%

FEV.5 3.27 3.09 108%

FEV1 4.98 3.85 113%

FEV3 5.12 4.60 111%

PEFR 8.24 9.24 89%

MMEF 4.62 4.73 98%

FEF25% 7.35 9.54 86%

FEF50% 5.54 6.31 88%

FEF75% 2.13 3.20 62%

FEV.5/VC .61

FEV1/VC .81 100%

FEV3/VC .95

..... INDIVIDUAL SPIROGRAM RESULTS

1# 11:05 2# 11:07 3# 11:07

ACT %PRED ACT %PRED ACT %PRED

FVC 5.18 107% 5.17 107% 5.35 110%

FEV.5 3.02 98% 3.10 100% 3.27 106%

FEV1 4.22 110% 4.15 108% 4.36 113%

FEV3 5.01 105% 4.90 106% 5.12 111%

PEFR 8.25 75% 8.03 87% 8.24 89%

MMEF 4.53 96% 4.27 90% 4.62 98%

FEF25% 6.57 77% 6.62 78% 7.35 86%

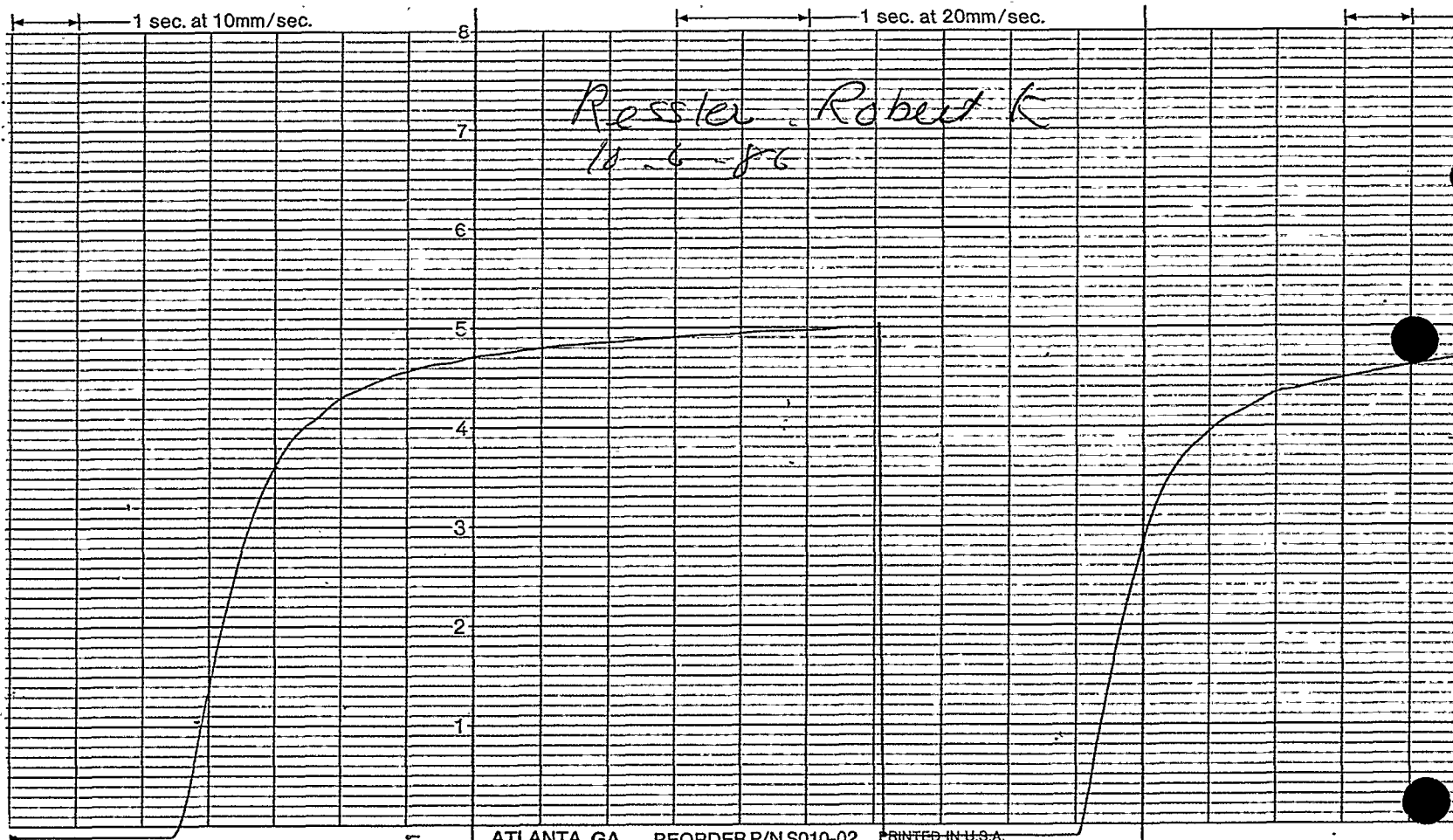
FEF50% 5.26 83% 5.02 80% 5.54 88%

FEF75% 2.41 75% 1.63 51% 2.19 68%

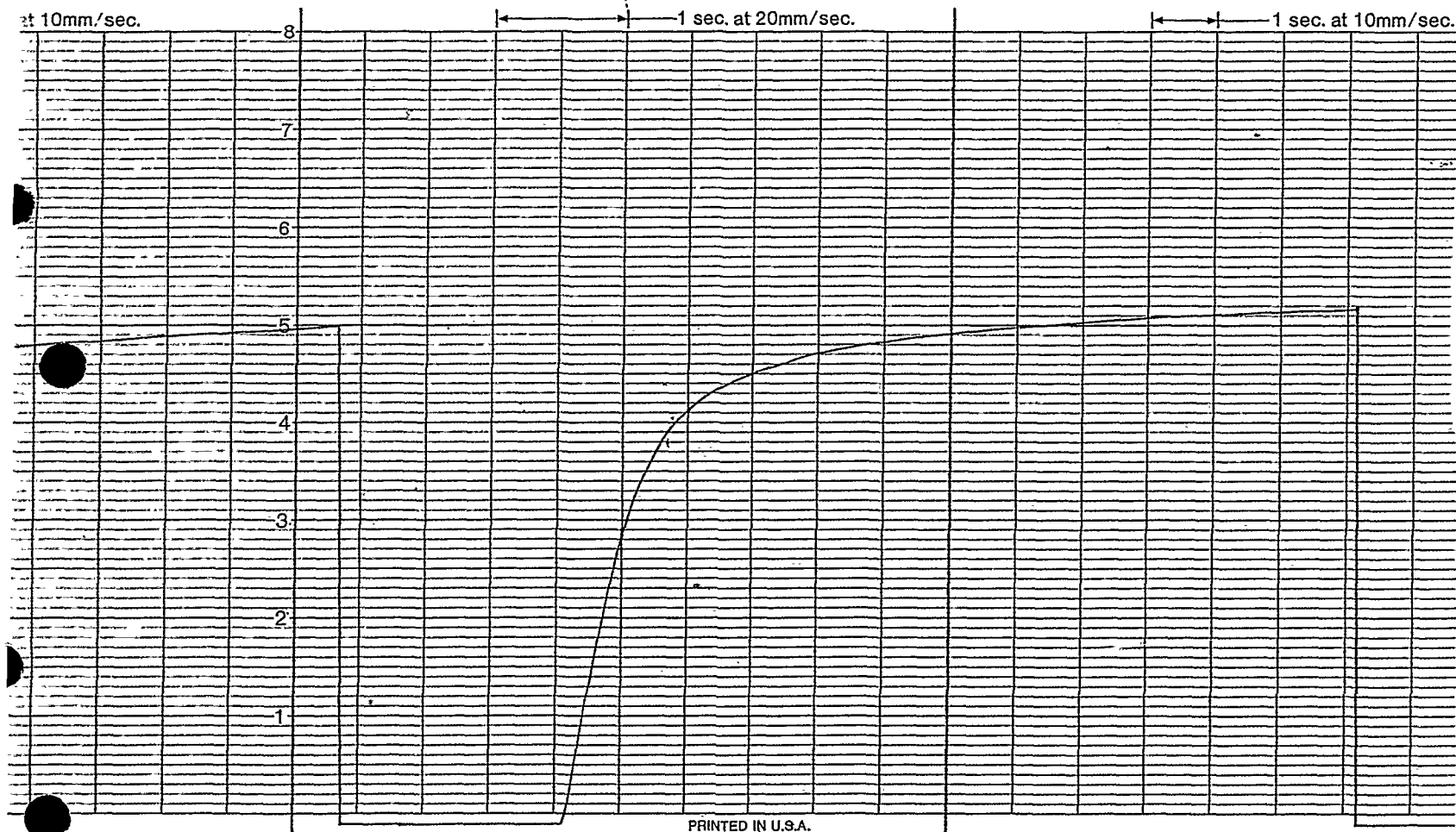
FEV.5/VC .58 .60 .61

FEV1/VC .81 100% .80 99% .81 100%

FEV3/VC .87 .95 .96



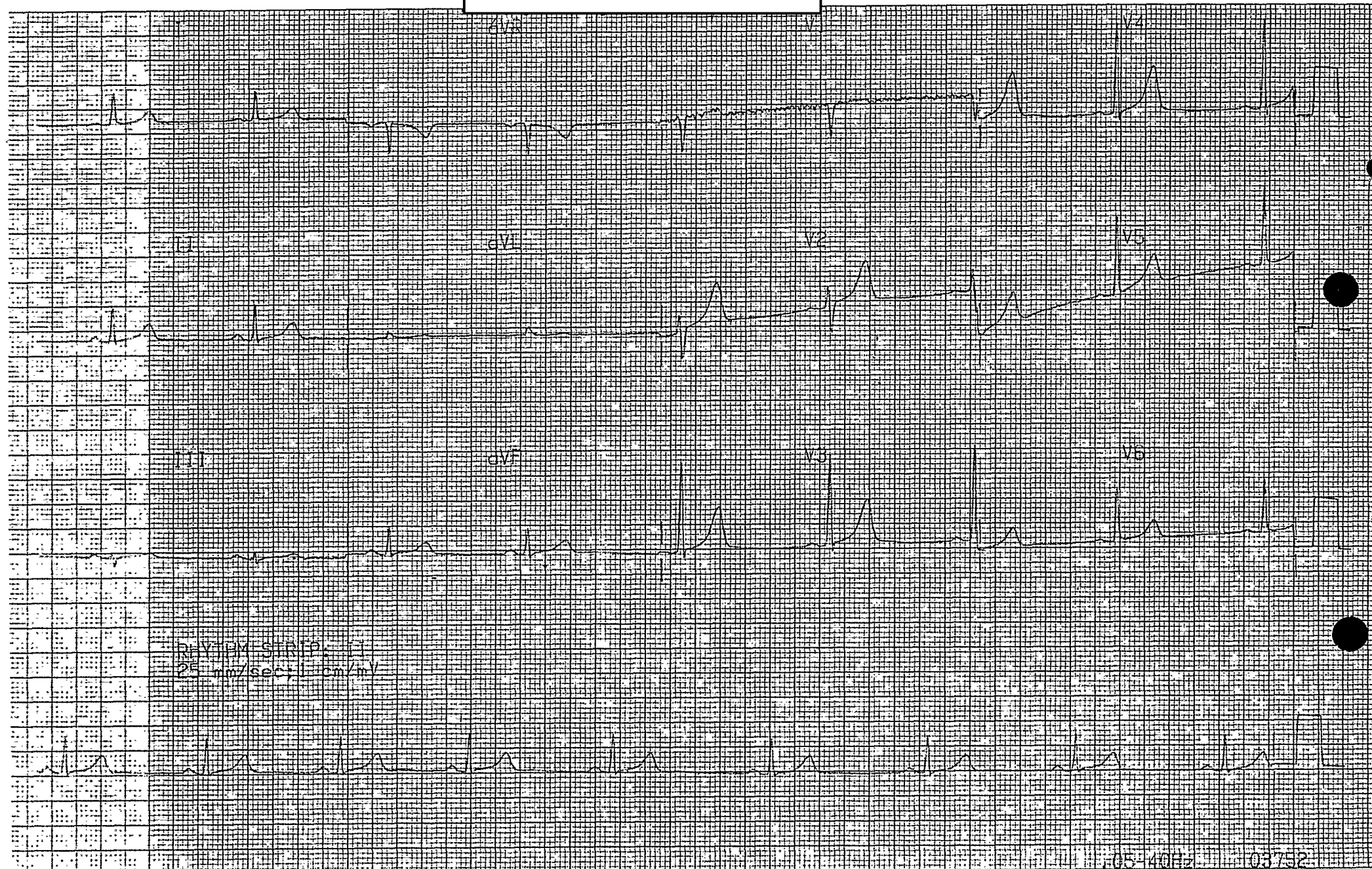
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Ressler, Robert K
10-6-86



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RHYTHM STRIP: I
25 mm/sec, 1 cm/mV

05-40Hz 03752

NAME Robert Ressler AGE 48 85%/max H.R. 121/147/173
SEX M HT 6'1" WT 195 PREVIOUS TST 0

TREADMILL STRESS TEST (TST) HISTORY FORM

CIRCLE POSITIVE FEATURES

1. Chest Symptoms-Pain, pressure, tightness, indigestion, radiation, palpitation, shortness of breath, nocturnal, frequent, other
occasional

2. Precipitation of Symptoms-Effort, emotion, sex, food, position, smoking, cold, spontaneous, other
stress

3. Relief of Symptoms-Rest, nitrates, position, belching, antacids, other

4. Medical History-Previous heart attack(s), rheumatic heart disease, heart murmurs, diabetes mellitus, other significant illnesses
0

5. Risk Factors-(a) Hypertension: Treated, Untreated
Chol 253 (b) Smoking: Cigarettes, Cigar, Pipe, previous smoker
high 142 (Quit when?)
(c) Elevation of Cholesterol, triglycerides
(d) Family medical history: Heart attack(s), hypertension, diabetes mellitus, high cholesterol

6. Exercise----- (a) Minimal (sedentary)
(b) Moderate (active occupation)
(c) Moderate ("weekend" or occasional athletics)
(d) Active (regular exercise)

7. Medication-Digitalis, quinidine, nitrites/nitrates, inderal, propranolol, beta block anti-hypertensives, other
0

8. Procedure or Operation-Cardiac catheterization, coronary angiography, Heart surgery

COMMENTS

Pertinent History

Reviewed by:

Baseline EKG

Normal

Abnormal

Uninterrupted exercise was performed on a treadmill at progressively increasing work loads to a maximum of 18.3 mets. A peak heart rate of 162 and blood pressure of 180/90 was achieved after 8 1/2 minutes.

Pertinent Symptoms

None

EKG findings

Normal

Abnormal

Stress Test

Normal

Abnormal

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AN

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GRADED EXERCISE TOLERANCE TEST ADVISEMENT FORM

The Graded Exercise Tolerance Test is a useful, noninvasive diagnostic procedure in the evaluation of cardiopulmonary disease, and appraising therapeutic responses or progression of disease.

The test will be conducted by fully qualified medical personnel on a treadmill or bicycle ergometer with continuous electrocardiogram monitoring and periodic blood pressure determinations. The procedure will start with a low intensity workload which will be increased at specific intervals until the examinee's exercise tolerance is achieved or a target heart rate for exercise testing has been attained based on an age predicted maximal heart rate.

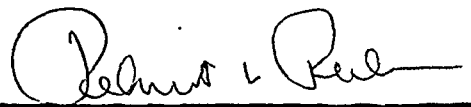
While shortness of breath, fatigue and some leg discomfort may be expected, the examinee can request termination of the test at any time and should report any unexpected symptoms such as chest discomfort, pain or dizziness immediately. Abnormal blood pressure responses, fainting, a rapid, slow or ineffective heart beat, leg cramps and even rare instances of heart attack or sudden death may be associated with exercise testing.

I have been advised and understand the medical purpose of the test, methods to be employed and potential risks of the procedure described above. I have had any questions which may have occurred to me satisfactorily answered. I also understand that the results of the Graded Exercise Tolerance Test (Stress EKG) are to be utilized for medical evaluation purposes only, and will not be considered or be a factor in determining a general rating of physical fitness or used in performance evaluation unless regulations have been promulgated validating such use. The results may be used as a factor in the determination of the examining physician as to whether I will be certified as capable of performing strenuous exercise and participating in dangerous assignments. The results may also be used as a factor in the administrative determination of whether I am able to perform a full range of duties and whether I should be placed on limited duty.

M.D.

Name of Physician

b6
b7C



Signature of Patient

ru
Witness of signature only

Date: 10/3/85

RESSLER/ROBERT

357-28-1755

10-3-85

FINAL REPORT -- PAGE 1

ENVIRONMENT: FBI

PROTOCOL: 2MIN BRUCE

METS ACHIEVED: 12.9

EXERCISE STOPPED AT STAGE 5 0:32

TOTAL EXERCISE TIME 8:32

TOTAL RECOVERY TIME 2:08

AVERAGED BEATS

	RESTING	PRE EXER	STOP EX	ST CHG
GAIN	X1	X1	X1	X1
HR/ER	69/9	78/11	162/3	103/9
V5 L/S	+0.4/+4	+0.3/+4	-0.6/+23	+0.5/+23
BP	114/70	114/70	180/80	180/80

HEARTRATE GRAPH

0 TO 250 BPM

MAX HR = 162

ECTOPIC RATE GRAPH

0 TO 50 BPM

MAX ER = 9

BLOOD PRESSURE GRAPH

50 TO 300 MMHG

MAX BP = 180/80

HR X BP PRODUCT GRAPH

0 TO 50K MMHG-BPM

MAX/REST=29K/08K = 3.6

II
V2
V5GAIN
HR/ER
V5 L/S
BP

	RESTING	PRE EXER	STOP EX	ST CHG
GAIN	X1	X1	X1	X1
HR/ER	69/9	78/11	162/3	103/9
V5 L/S	+0.4/+4	+0.3/+4	-0.6/+23	+0.5/+23
BP	114/70	114/70	180/80	180/80

Quinton instrument co. Seattle, WA 98121, USA

PRINTED IN U.S.A.

U.S. Patent No. 4207580

reorder 013111

RESSLER, ROBERT
ST PARAMETERS

357-28-1755

10-3-85

FINAL REPORT -- PAGE 2

MAXIMUM ST CHANGE FOR V5 OCCURRED AT RECOVERY 1:23

ST LEVEL GRAPHS			ST SLOPE GRAPHS			ST INDEX GRAPHS			ST INTEGRAL GRAPHS		
J + 40 MSEC			J + 0 FOR 60 MSEC			(LEVEL + SLOPE/10)			J + 60 FOR 60 MSEC		
-5 TO +5 MM			-50 TO +50 MM/SEC			-5 TO +5			-25 TO +25 MV-SEC		
	PRE EXER	ST CHG		PRE EXER	ST CHG		PRE EXER	ST CHG		PRE EXER	ST CHG
II	+0.7	+1.0	II	+4	+31	II	+1.1	+4.1	II	-8	-32
V2	+1.1	+1.8	V2	+8	+35	V2	+1.9	+5.3	V2	-11	-42
V5	+0.3	+0.5	V5	+4	+23	V5	+0.7	+2.9	V5	-5	-26

Quinton instrument co. Seattle, WA 98121, USA

PRINTED IN U.S.A.

U.S. Patent No. 4207580

reorder 013111

AVERAGED BEATS

STAGE	RESTING	PRE EXER	STG 1	STG 2	STG 3	STG 4	STOP EX	RECOVERY	RECOVERY
STAGE TIME			1:50	1:50	1:50	1:50	0:00	0:30	1:00
GAIN	X1	X1	X1	X1	X1	X1	X1	X1	X1
HR/ER	69/9	78/11	103/0	121/0	146/0	153/1	162/3	151/3	92/1
V5 L/S	+0.4/+4	+0.3/+4	+0.0/+4	-0.2/+8	-0.5/+16	-0.3/+23	-0.6/+23	-0.3/+27	+0.4/+35
BP	114/70	114/70	120/60	140/74	160/80	180/80	180/80	180/80	180/80

Quinton instrument co. Seattle, WA 98121: USA

PRINTED IN U.S.A.

U.S. Patent No. 4207580

reorder 013111

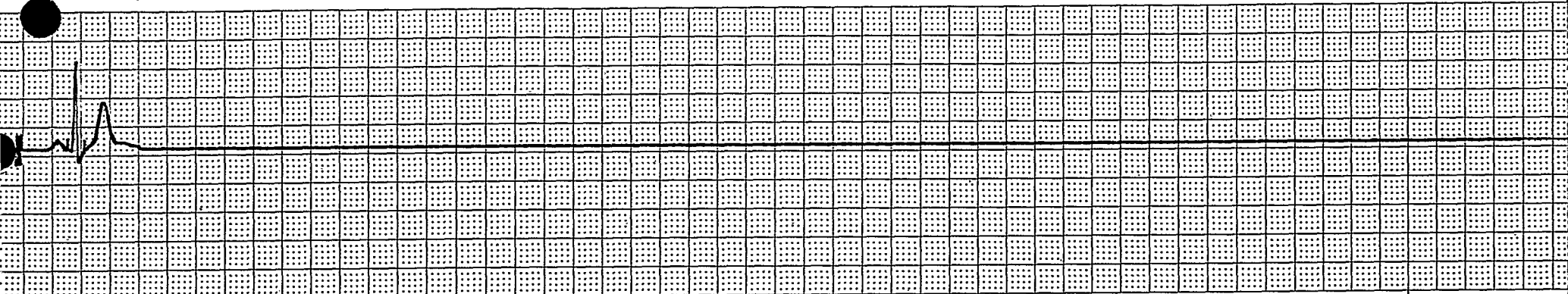
RESSLER, ROBERT
AVERAGED BEATS

357-28-1755

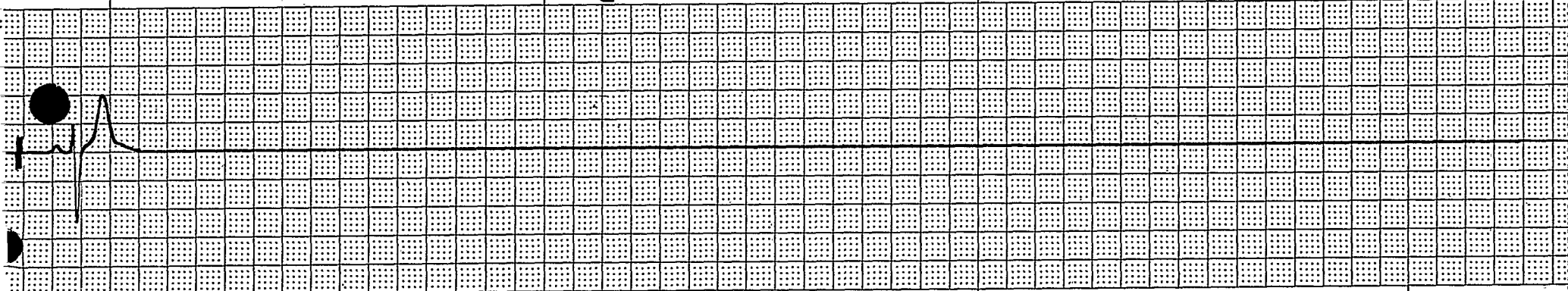
10-3-85

FINAL REPORT -- PAGE 4

RECOVERY
2:00
X1
74/9
+0.4/+16
150/74



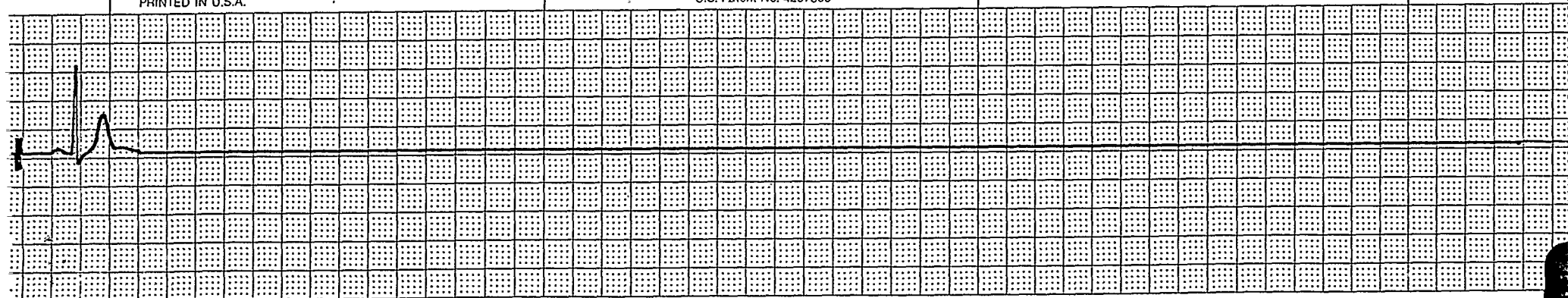
Quinton instrument co. Seattle, WA 98121 USA



PRINTED IN U.S.A.

U.S. Patent No. 4207580

reorder 013111



SPIROTECH, INCORPORATED

ATLANTA, GEORGIA

SPIROTECH MODEL 800

SUMMARY TABLE PRINTOUT

PATIENT NAME: RESSLER ROBERT

SS: NONE

DATE: 4/18/85 TEMP=32.0C STPS CORR=1.032 B

RACE: WHITE HEIGHT: 73.0IN AGE: 48YRS OK

FVC CRIT= 5% FEV1 CRIT= 5% SAR PR=760.0 F0

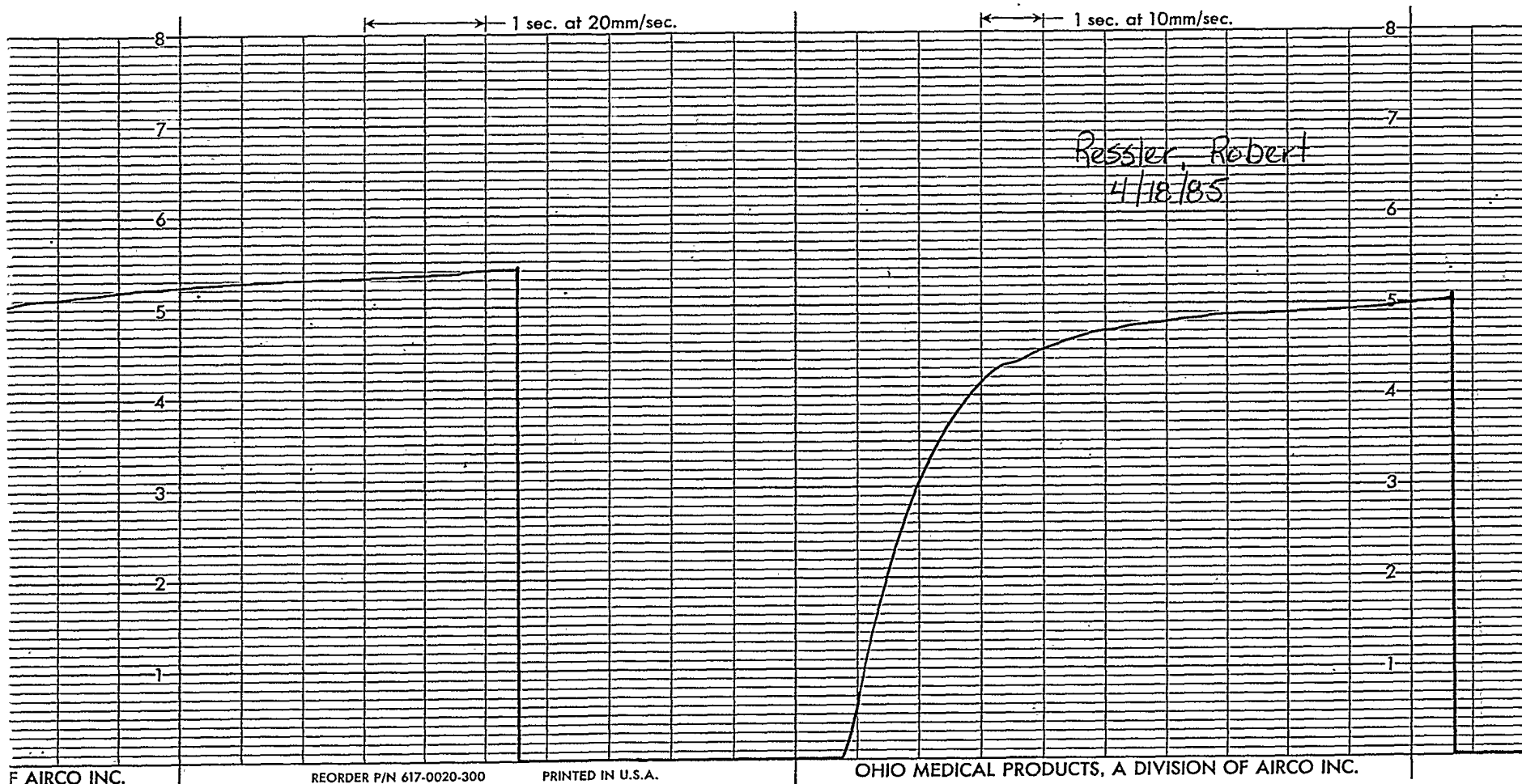
VORVALS: KNOXSON/CHERNIACK

MOST REPRESENTATIVE TEST RESULTS

PARAM	ACT	PRED	%PRED
FVC	5.50	5.20	106%
FEV.5	2.91	3.30	88%
FEV1	4.13	4.14	100%
FEV3	5.17	4.95	104%
PEFR	8.07	9.78	83%
MMEF	3.70	4.99	74%
FEF25%	6.67	9.02	74%
FEF50%	4.20	6.67	63%
FEF75%	1.79	3.44	52%
FEV.5/VC	.53		
FEV1/VC	.75	.81	93%
FEV3/VC	.94		

INDIVIDUAL SPIROGRAM RESULTS

	1# 10:27	2# 10:28	3# 10:28
	ACT %PRED	ACT %PRED	ACT %PRED
FVC	5.27 101%	5.50 106%	5.12 98%
FEV.5	2.91 88%	2.45 74%	2.80 85%
FEV1	4.13 100%	3.86 93%	4.07 98%
FEV3	4.97 100%	5.17 104%	4.96 100%
PEFR	8.07 83%	6.23 64%	7.40 76%
MMEF	3.70 74%	3.07 61%	3.78 76%
FEF25%	6.67 74%	4.91 54%	5.96 66%
FEF50%	4.20 63%	3.32 50%	4.05 61%
FEF75%	1.79 52%	1.62 47%	2.07 60%
FEV.5/VC	.55	.44	.55
FEV1/VC	.78 97%	.70 87%	.80 98%
FEV3/VC	.94	.94	.97

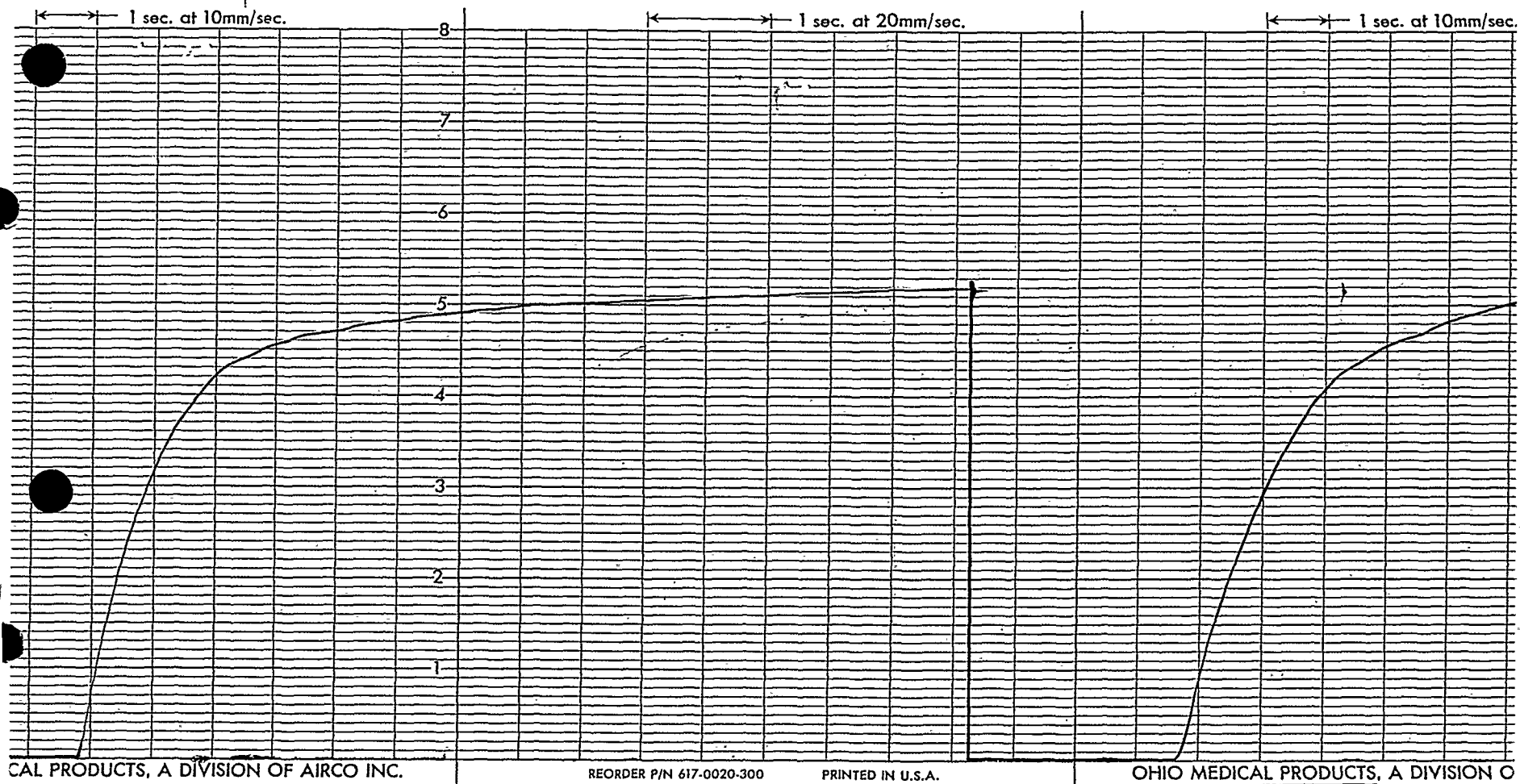


F AIRCO INC.

REORDER P/N 617-0020-300

PRINTED IN U.S.A.

OHIO MEDICAL PRODUCTS, A DIVISION OF AIRCO INC.



CAL PRODUCTS, A DIVISION OF AIRCO INC.

REORDER P/N 617-0020-300

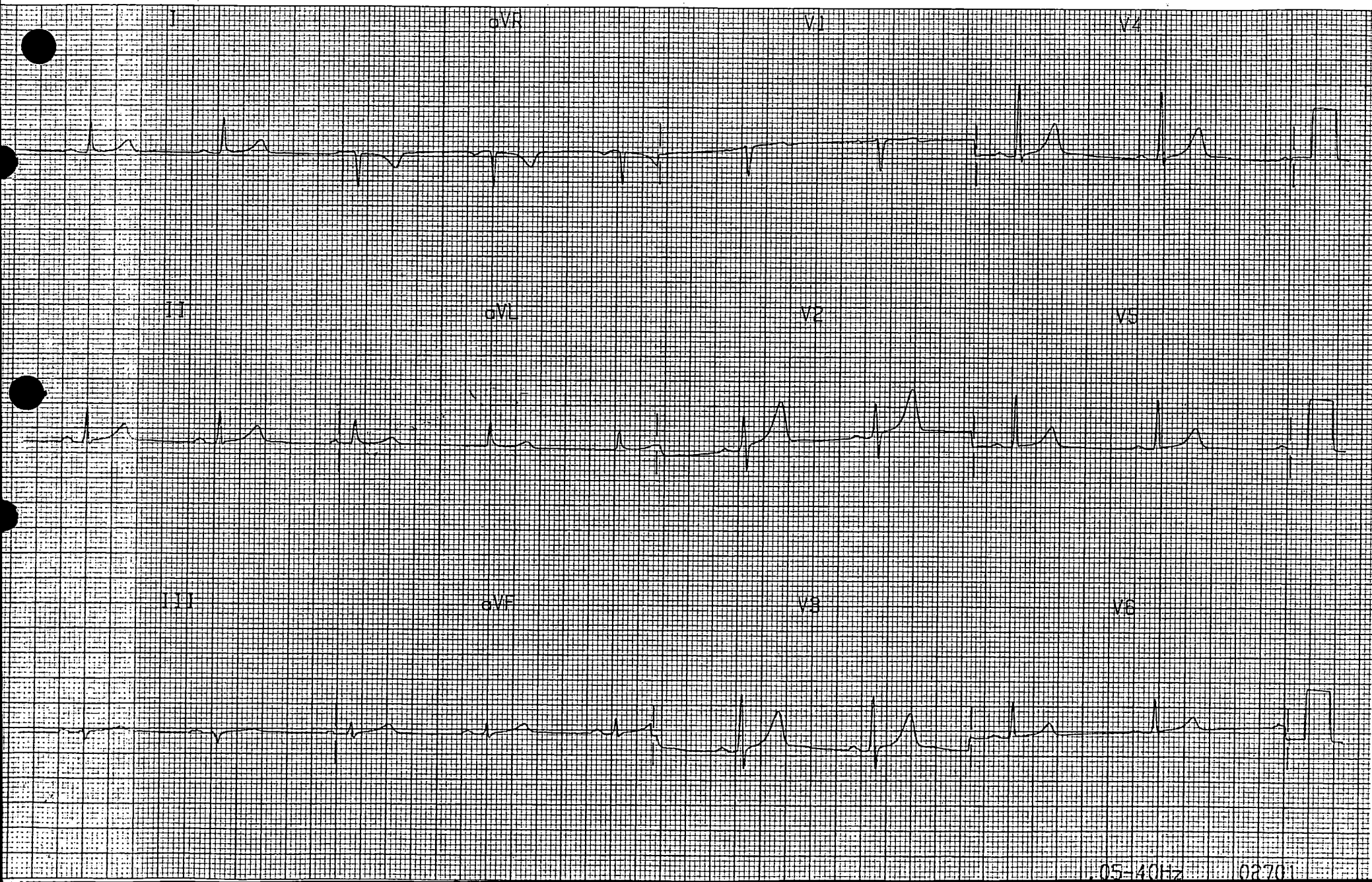
PRINTED IN U.S.A.

OHIO MEDICAL PRODUCTS, A DIVISION O

NSR
WNL

b6
b7C

Ressler, Robert K.
4/18/85



SPROTECH, INCORPORATED

ATLANTA, GEORGIA

SPROTECH MODEL 800

.....X... SUMMARY TABLE PRINTOUT

PATIENT NAME: RESSLER

DOB: 1/1/40

DATE: 5/31/84 TEMP=88.50 BTPS CORR=1.022 B

VALE: X-HOT-HEIS-78.0IN AGE: 47YRS DX

FVC CRIT= 5% FEV1 CRIT= 5% BAR PR=780.0 F0

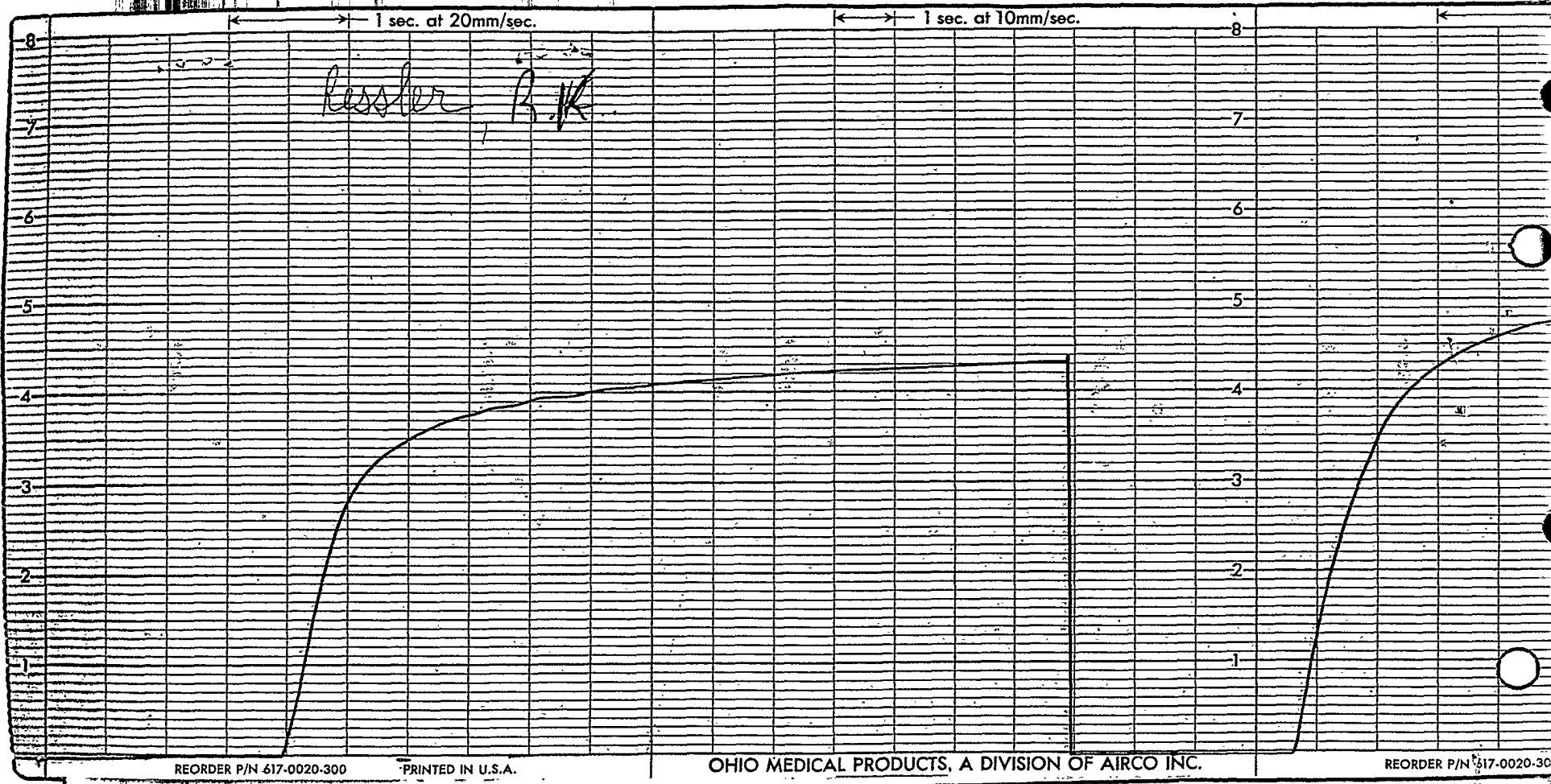
NOVALS: XNLOSX/CHERTACK

.....X... MOST REPRESENTATIVE TEST RESULTS

PARAM	ACT	PRED	%PRED
FVC	5.24	5.23	100%
FEV.5	2.87	3.32	86%
FEV1	4.12	4.17	99%
FEV3	4.99	4.98	100%
PEFR	7.87	9.79	80%
VEF1	3.82	5.02	76%
FEF25%	3.51	3.05	72%
FEF50%	4.07	3.59	81%
FEF75%	2.23	3.45	65%
FEV.5/VC	.55		
FEV1/VC	.79	.81	97%
FEV3/VC	.95		

.....X... INDIVIDUAL SPIROGRAM RESULTS

	1* 9:49	2* 9:49	3* 9:49
	ACT %PRED	ACT %PRED	ACT %PRED
FVC	4.41 84%	5.24 100%	5.04 98%
FEV.5	2.75 83%	2.87 86%	2.81 85%
FEV1	3.53 85%	4.12 99%	4.04 97%
FEV3	4.13 84%	4.99 100%	4.83 97%
PEFR	8.80 89%	7.87 80%	7.19 73%
VEF1	3.66 73%	3.82 76%	3.82 76%
FEF25%	3.05 87%	3.51 72%	3.55 72%
FEF50%	3.13 77%	4.07 81%	3.77 85%
FEF75%	1.92 40%	2.23 63%	2.10 51%
FEV.5/VC	.82	.55	.56
FEV1/VC	.80 99%	.79 97%	.80 95%
FEV3/VC	.84	.95	.96

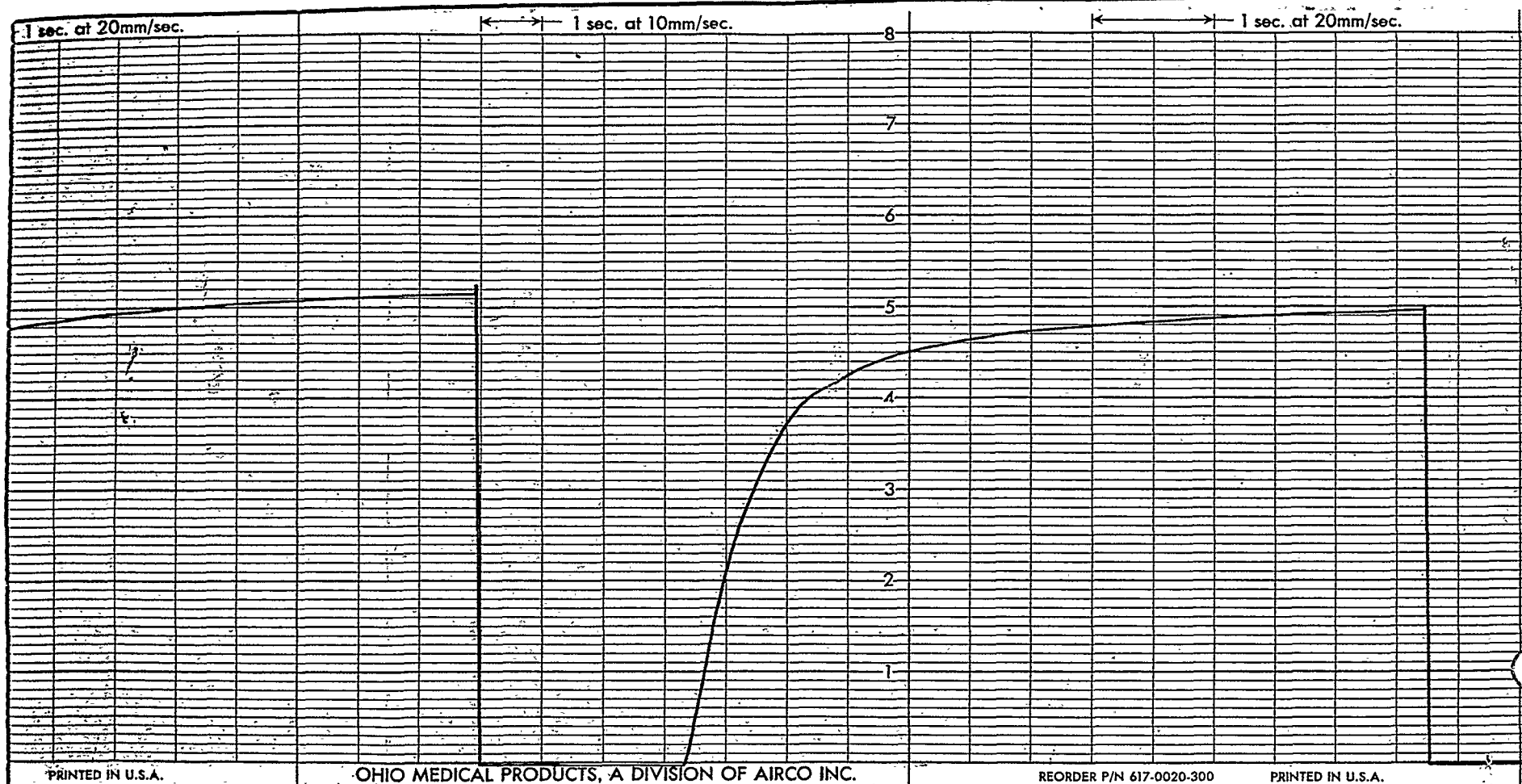


REORDER P/N 617-0020-300

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OHIO MEDICAL PRODUCTS, A DIVISION OF AIRCO INC.

REORDER P/N 617-0020-300



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OHIO MEDICAL PRODUCTS, A DIVISION OF AIRCO INC.

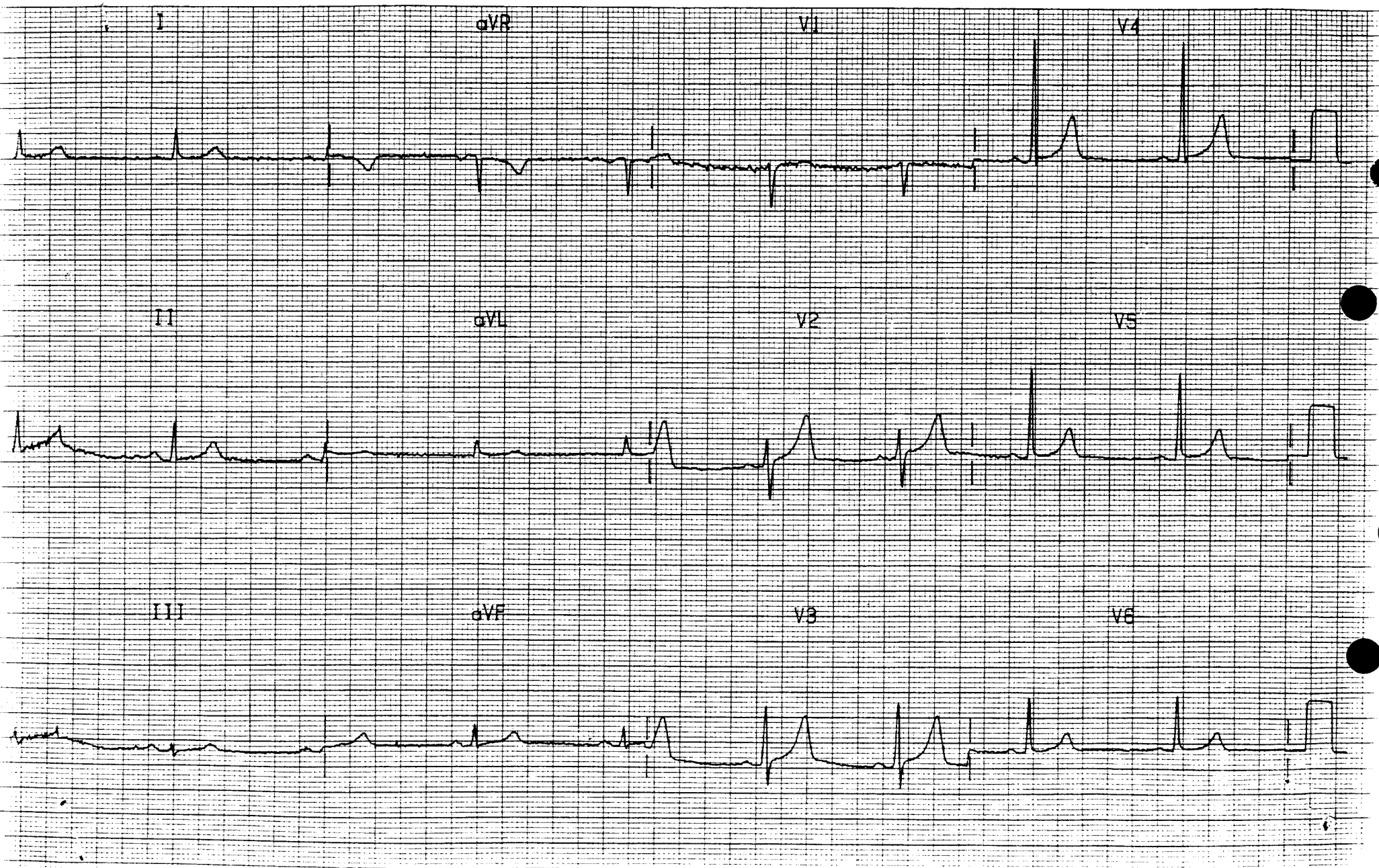
REORDER P/N 617-0020-300

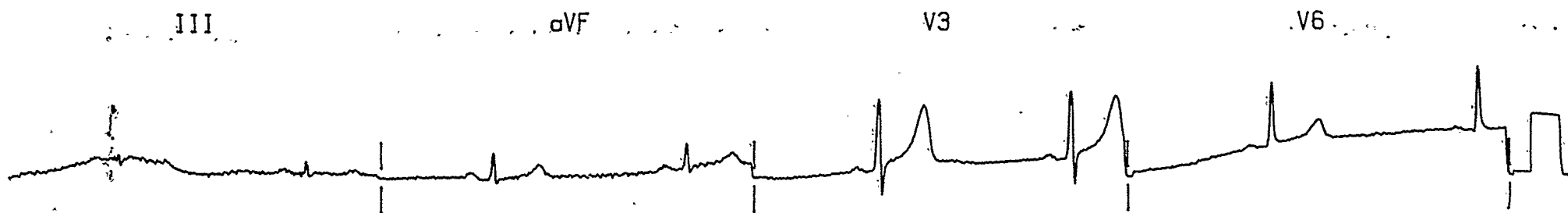
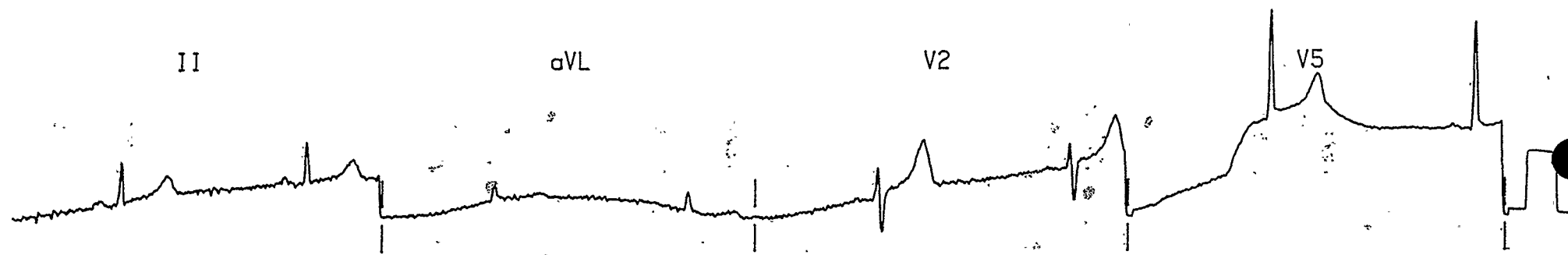
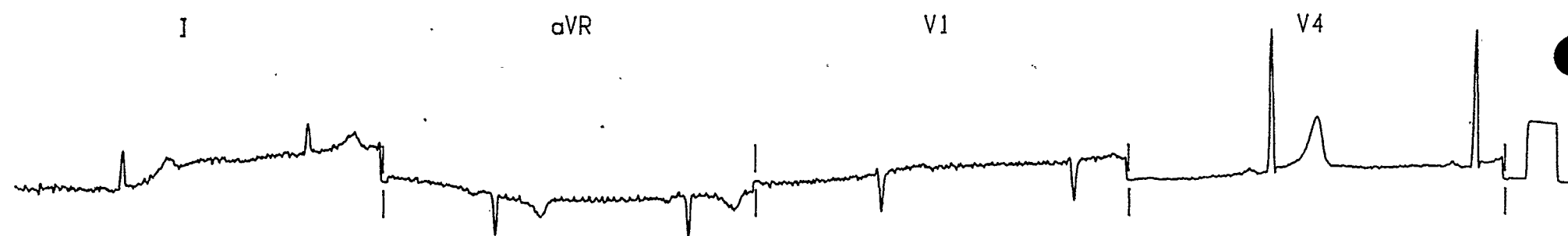
PRINTED IN U.S.A.

Pessler, R.K.

5/30/84

b6
b7C





Sinus bradycardia
occ ectopic atrial pacer

NS 577A

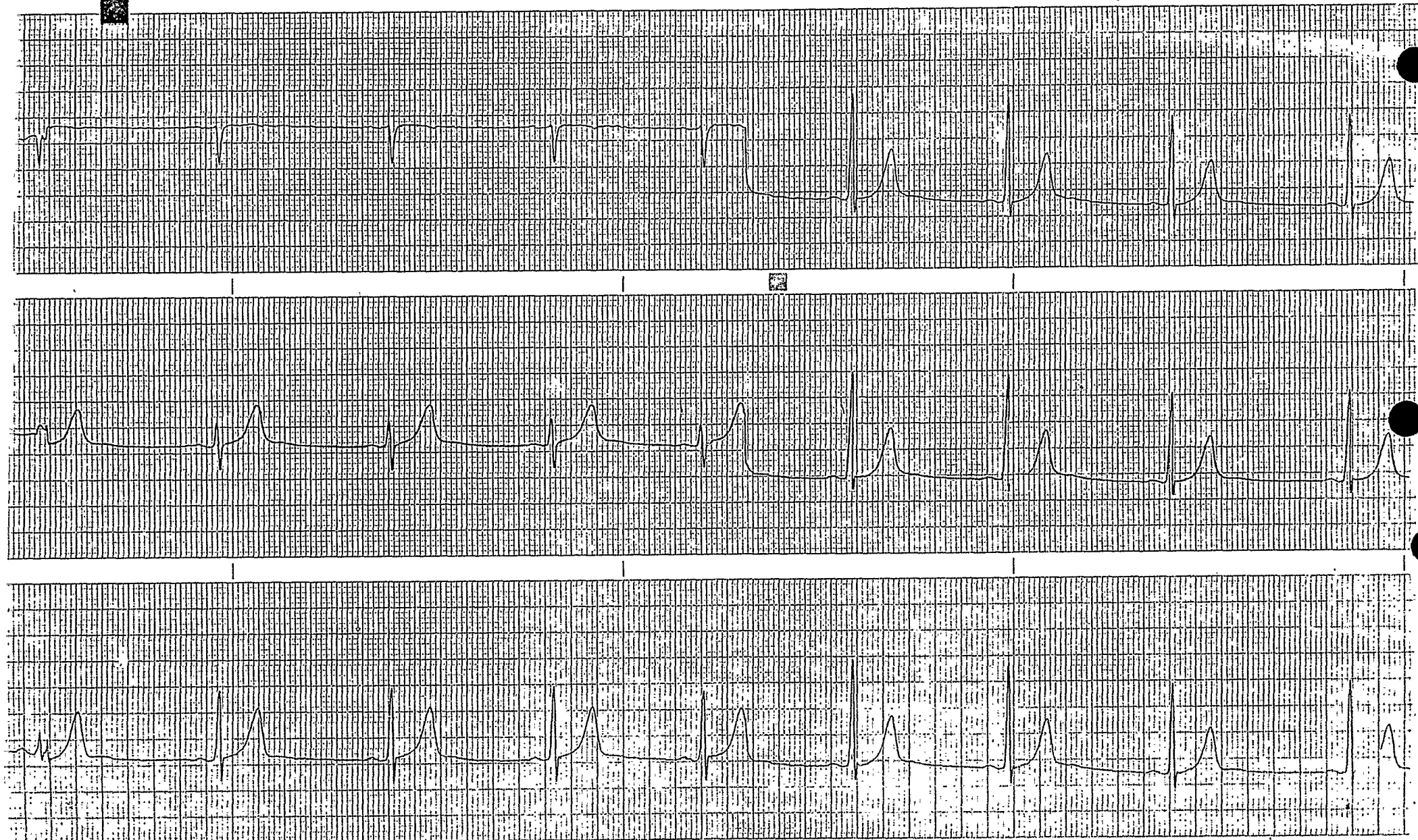
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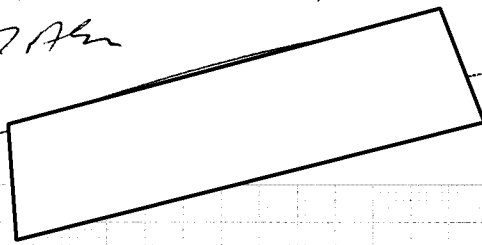
b6
b7C

R

ssler, R.K.
755
28 JUN 83

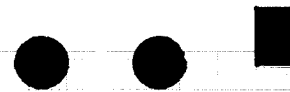


Sinus bradycardia
occ ectopic atrial pacer
NS 577A
CWC



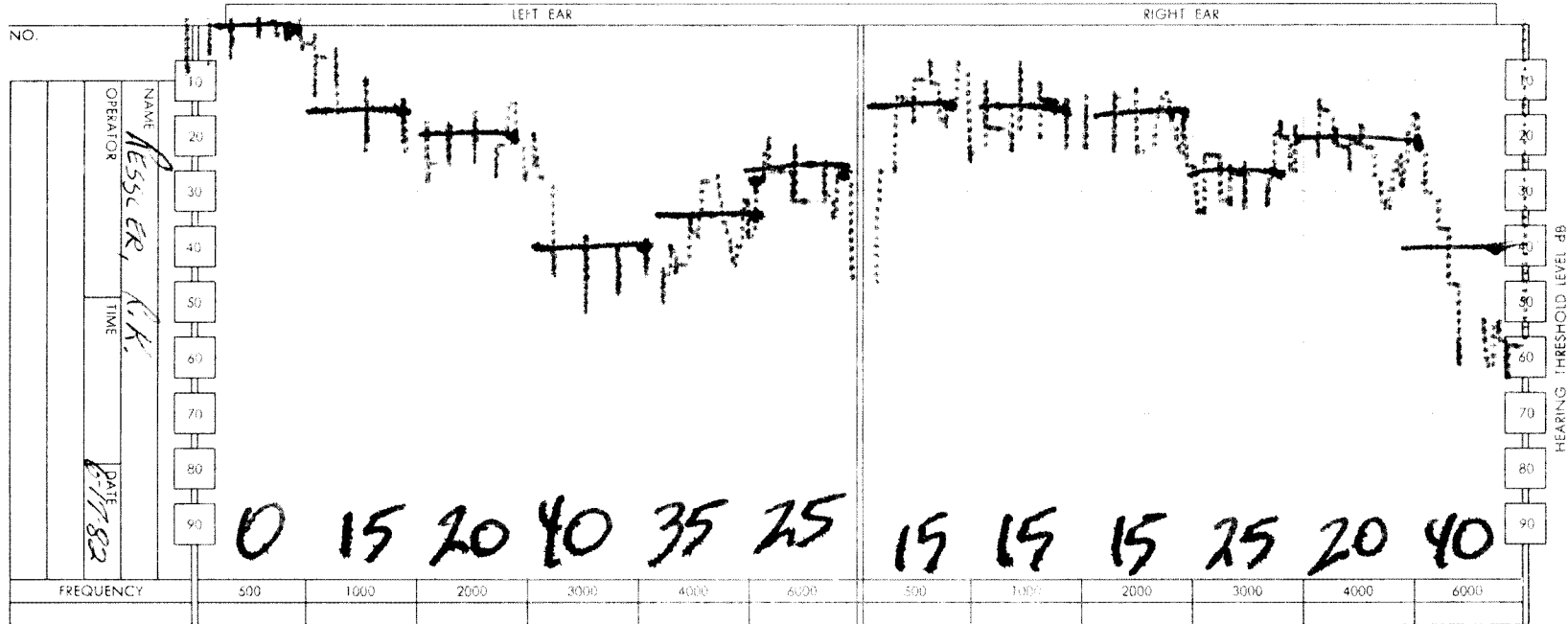
b6
b7C

Ressler, R.K.
1755
28 JUN 83



9538

AUDIOGRAM



CAN BE USED FOR
EITHER ANSI 1969 OR
ISO 1964 AUDIOMETER
CALIBRATION

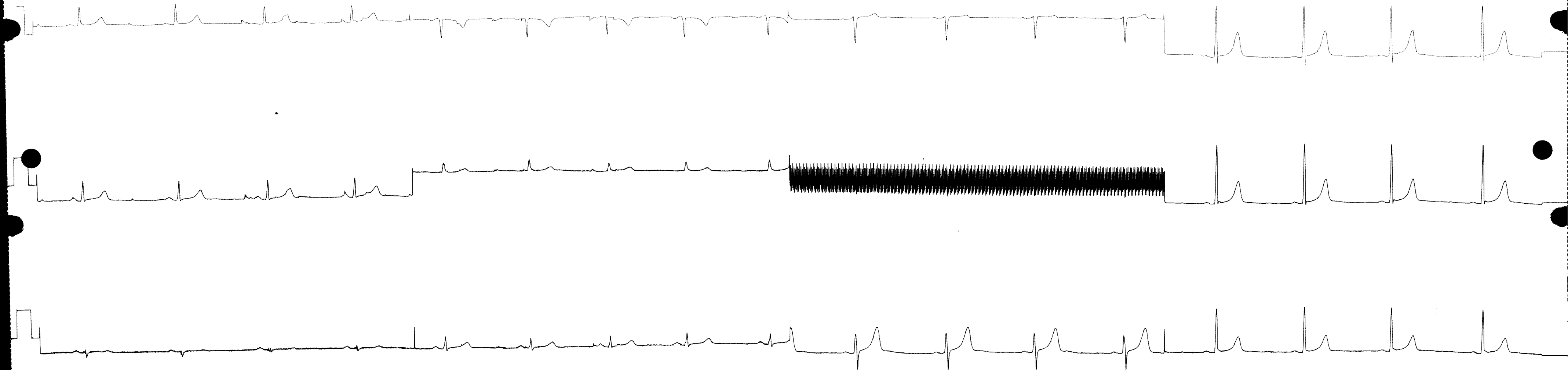
JOHNSON & QUIN, INC.
DPSC 24152

RESSLER, R.K.
6-17-82

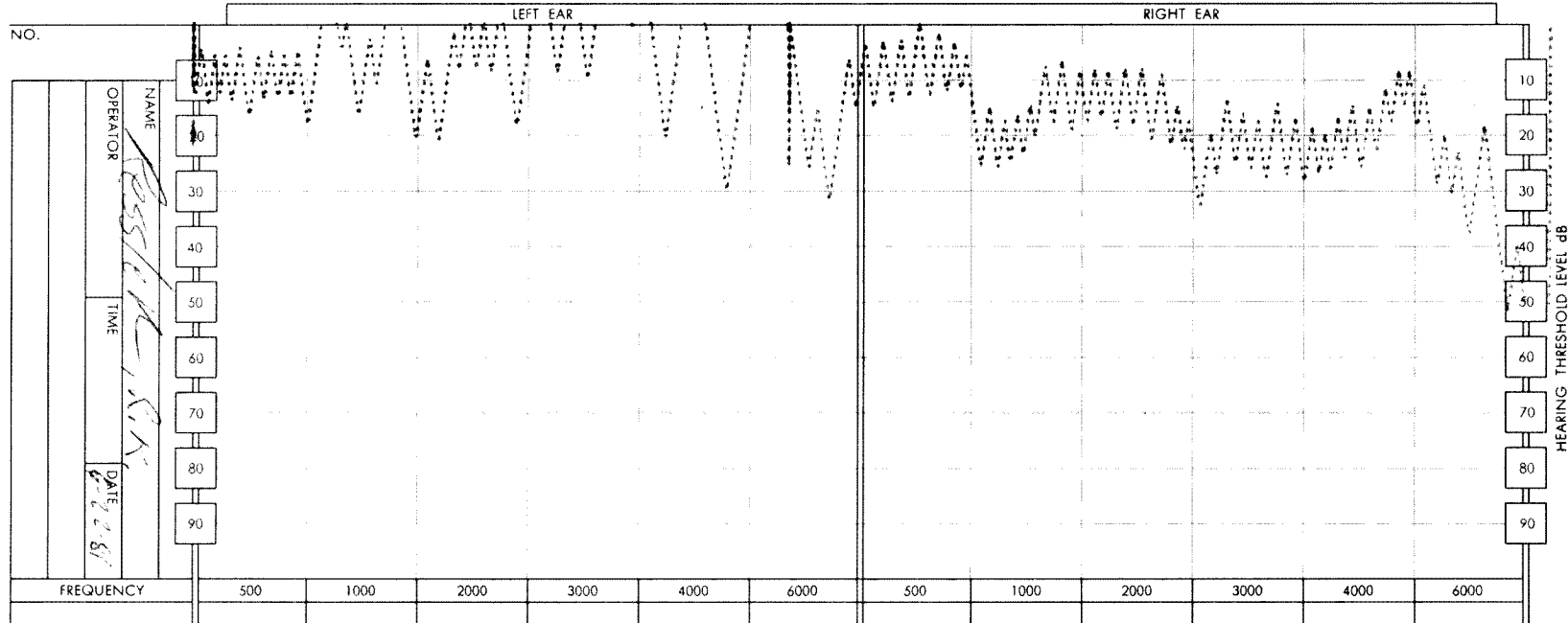
NORMAL EKG



b6
b7C



AUDIOGRAM

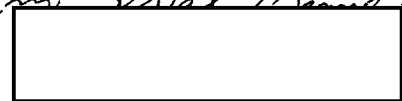


CAN BE USED FOR
EITHER ANSI 1969 OR
ISO 1964 AUDIOMETER
CALIBRATION

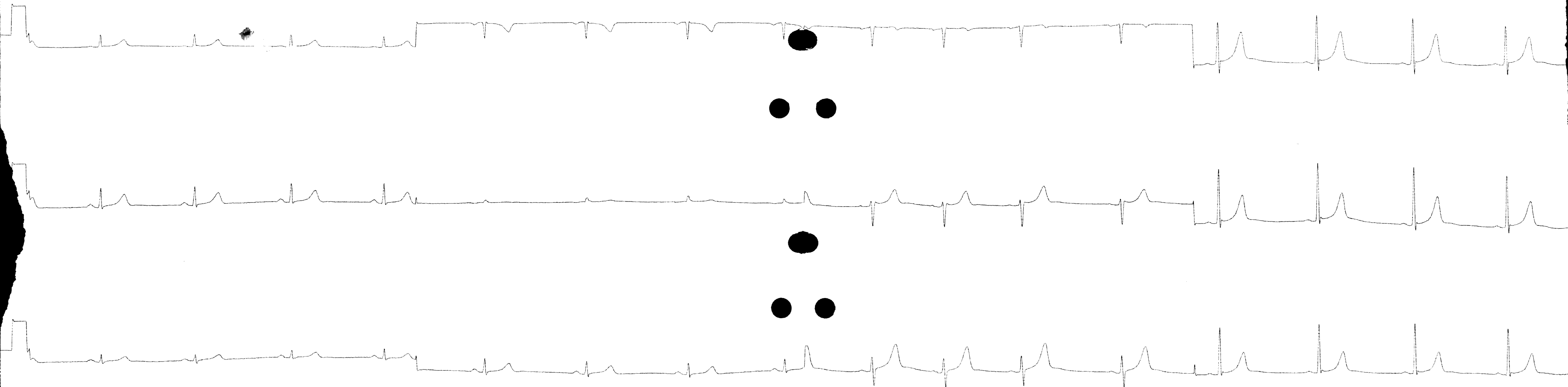
JOHNSON & QUIN, INC.
DPSC 24152

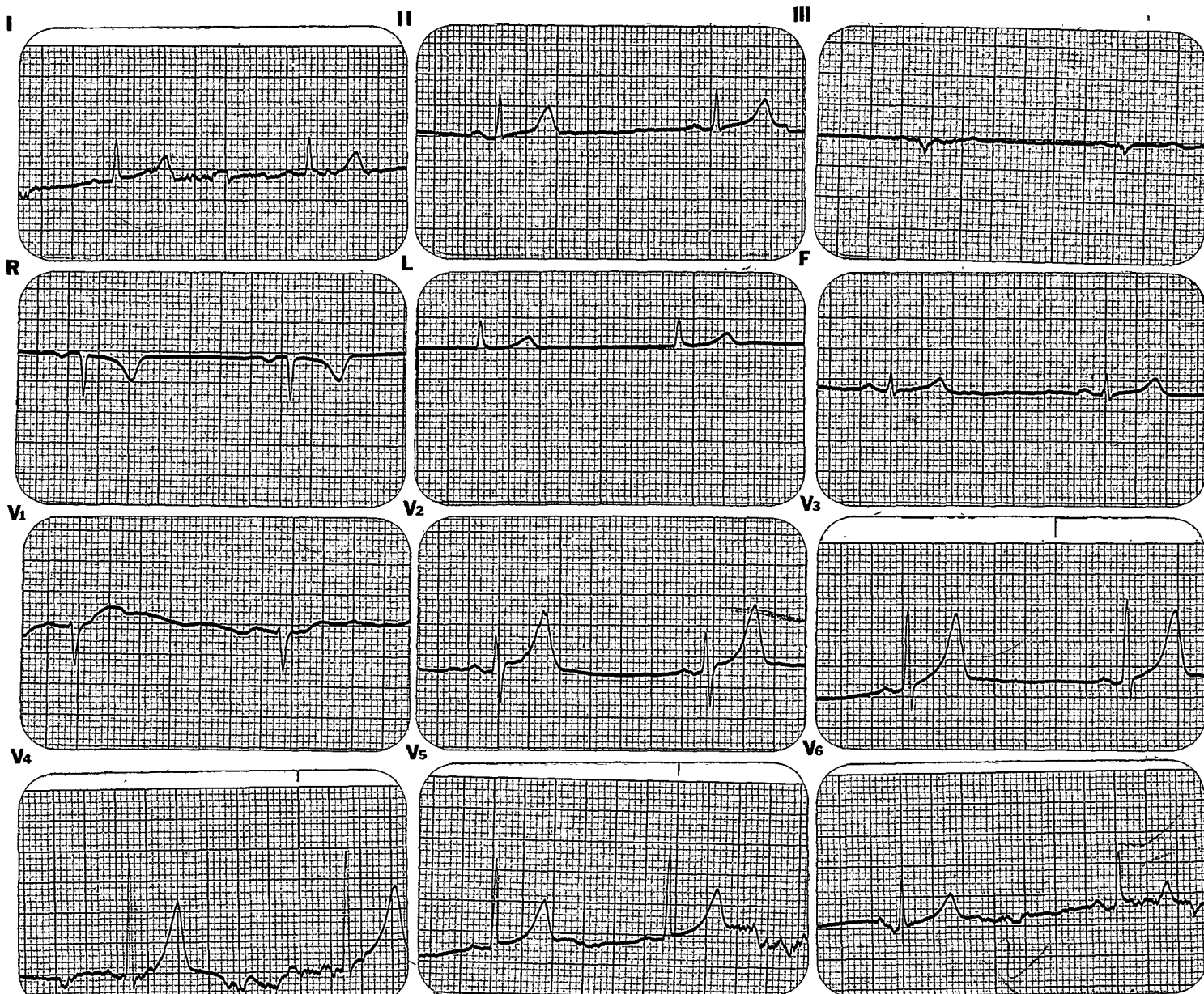
RESSLER, ROBERT
45 22 JUN 68 (70) 357-28-1755

no serial change wnl



b6
b7c





CLIN. DIAG.: 0 HX + BP + MEDS

DIG. () QUIN. () AGE SEX B.P.

DATE: 11 JUN 80

ECG DESCRIPTION:

ECG REQUEST BY _____
 ATR. RATE _____ VENTR. RATE _____
 INTERVALS: P-R _____ QRS _____ QTc _____
 AXIS:
 RHYTHM:

INTERPRETATION:

*sinus brady / arrhythmia -
 no interval change -
 WNC*

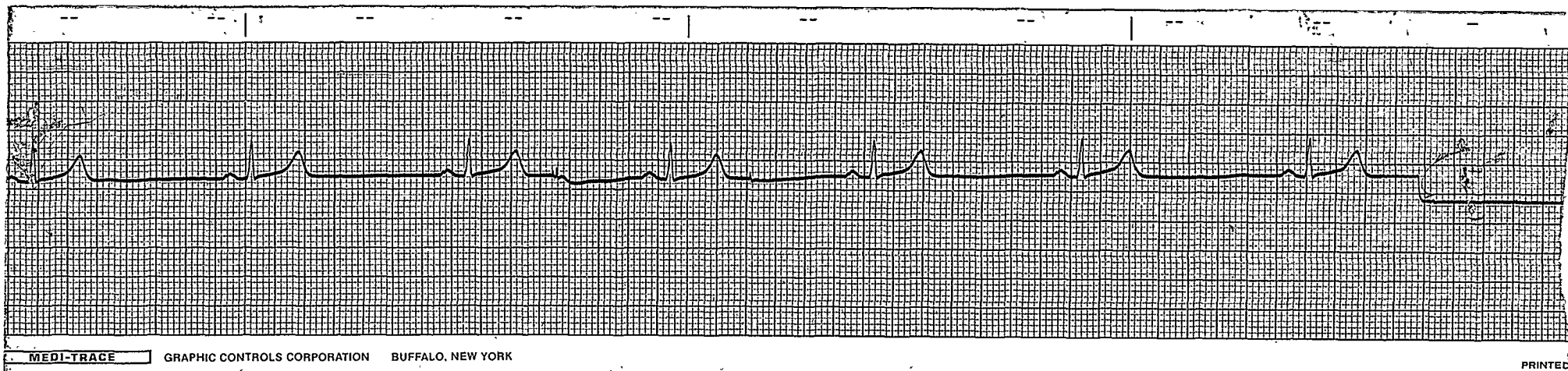
PATIENT:

NAME RESSLER, ROBERT K.
 Last First Mid I
 RANK/RATE SPECIAL AGENT
 SSN 357-28-1755
 CO LOCATION FBI ACADEMY
 PHONE 640-6131

b6
 b7C

INTERPRETED BY





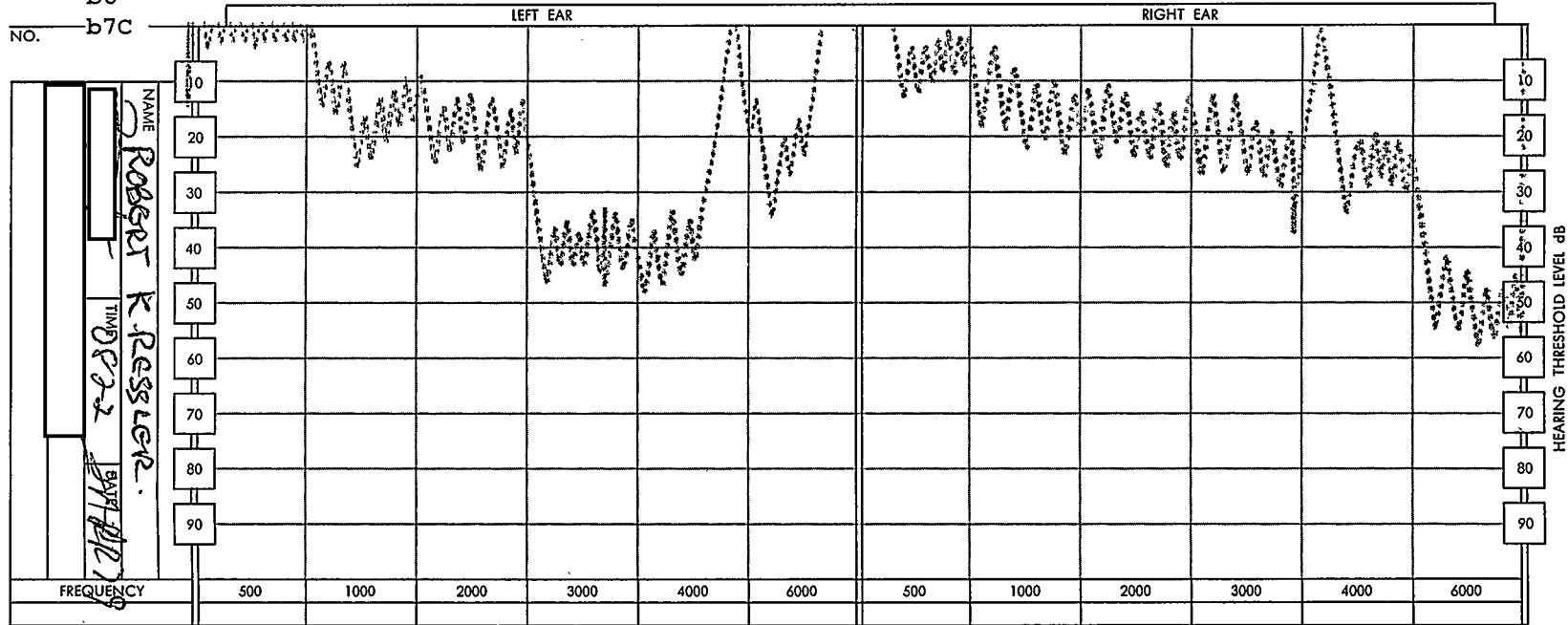
MEDI-TRACE

GRAPHIC CONTROLS CORPORATION BUFFALO, NEW YORK

PRINTED

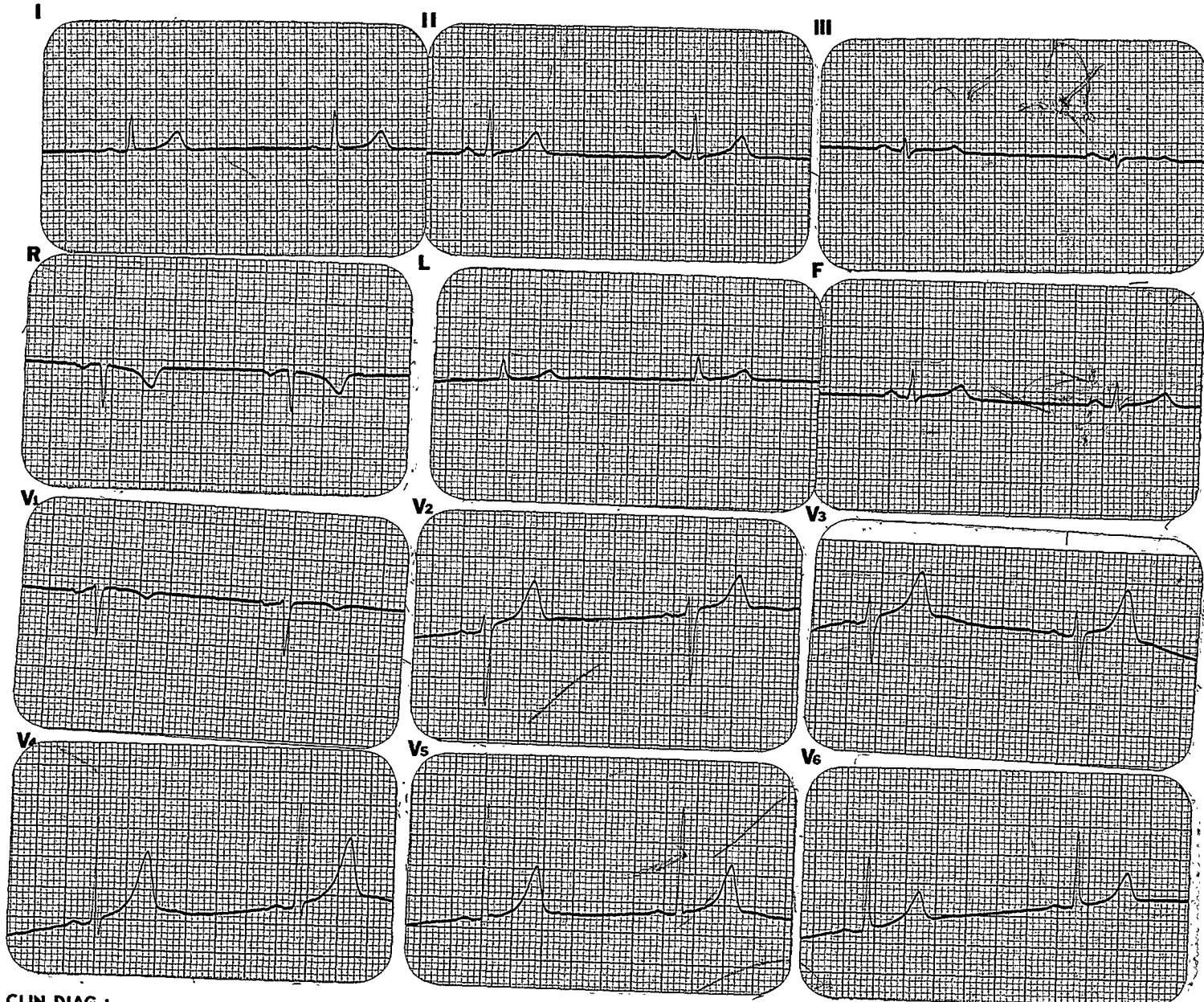
AUDIOGRAM

b6
b7C
NO.



CAN BE USED FOR
EITHER ANSI 1969 OR
ISO 1964 AUDIOMETER
CALIBRATION

JOHNSON & QUIN, INC.
DPSC 24152



CLIN. DIAG.:

NO ECG AB

DATE: 2 April 79

ECG DESCRIPTION:

FBI AP

DIG. () QUIN. () AGE 42 SEX M B.P.

ECG REQUEST BY EXAMER

ATR. RATE _____ VENTR. RATE _____

INTERVALS: P-R _____ QRS _____ QTc _____

AXIS:

RHYTHM:

INTERPRETATION:

*Sinus Arrhythmia
bradycardia
no change*

PATIENT:

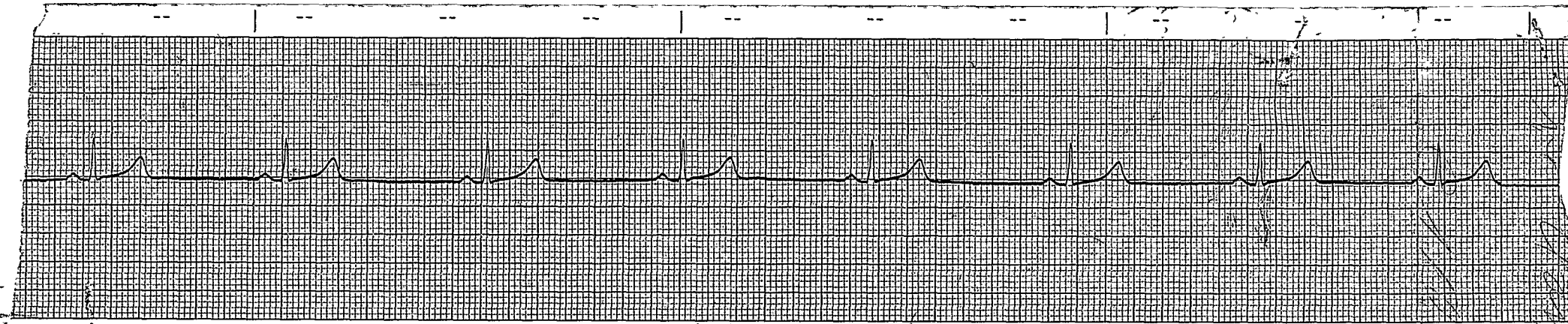
RESSLER, ROBERT K.
FBI ANNUAL PHYSICAL
SS: 357-28-1755
MANN HALL DISPENSARY
640-6131

INTERPRETED BY

[Redacted Signature Box]

LCDR MC USN FS

b6
b7C

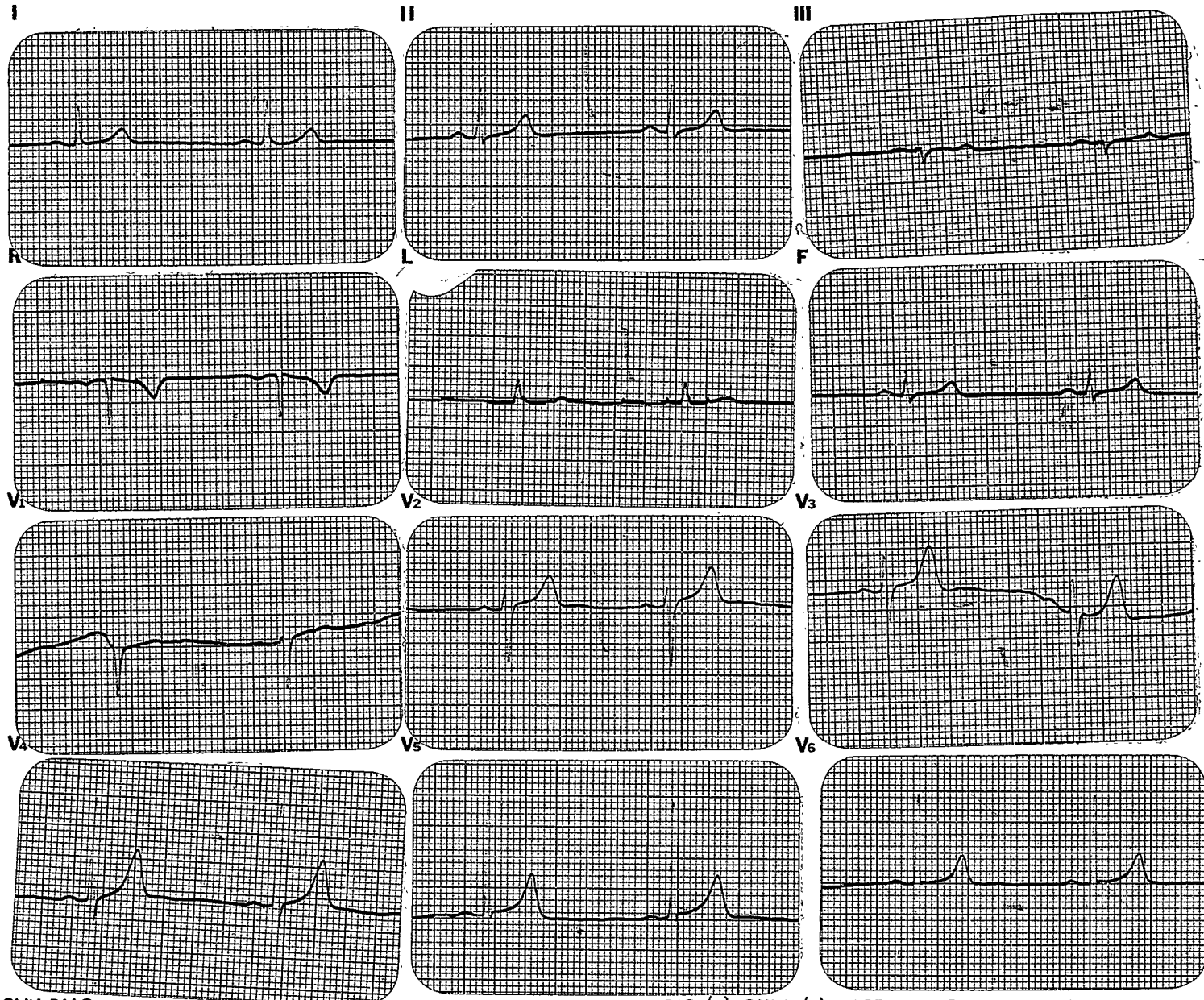


MEDI-TRACE

GRAPHIC CONTROLS CORPORATION - BUFFALO, NEW YORK

PRINTED IN U.S.A.

MEDICAL PRODUCTS DIVISION 3M CO.



CLIN. DIAG.:

DIG. () QUIN. () AGE SEX B.P.

DATE:

ECG DESCRIPTION:

ECG REQUEST BY _____

ATR. RATE _____ VENTR. RATE _____

INTERVALS: P-R _____ QRS _____ QTc _____

AXIS:

RHYTHM:

INTERPRETATION:

Sinus Arrhythmia *Bradycardia*

PATIENT:

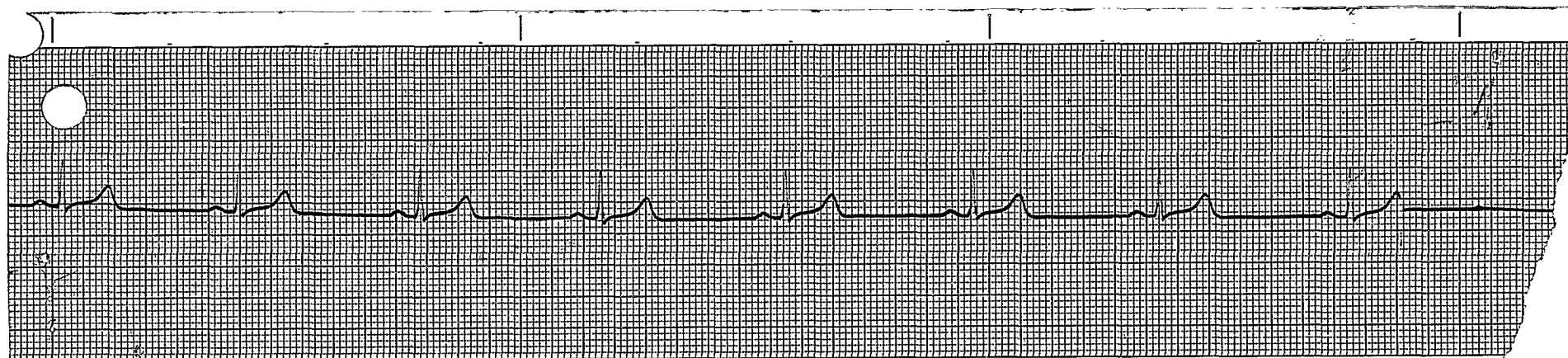
RESSLER, ROBERT K.
FBI ANNUAL PHYSICAL
SS: 357-28-1755
MANN HALL DISPENSARY
640-6131

b6
b7C

INTERPRETED BY _____

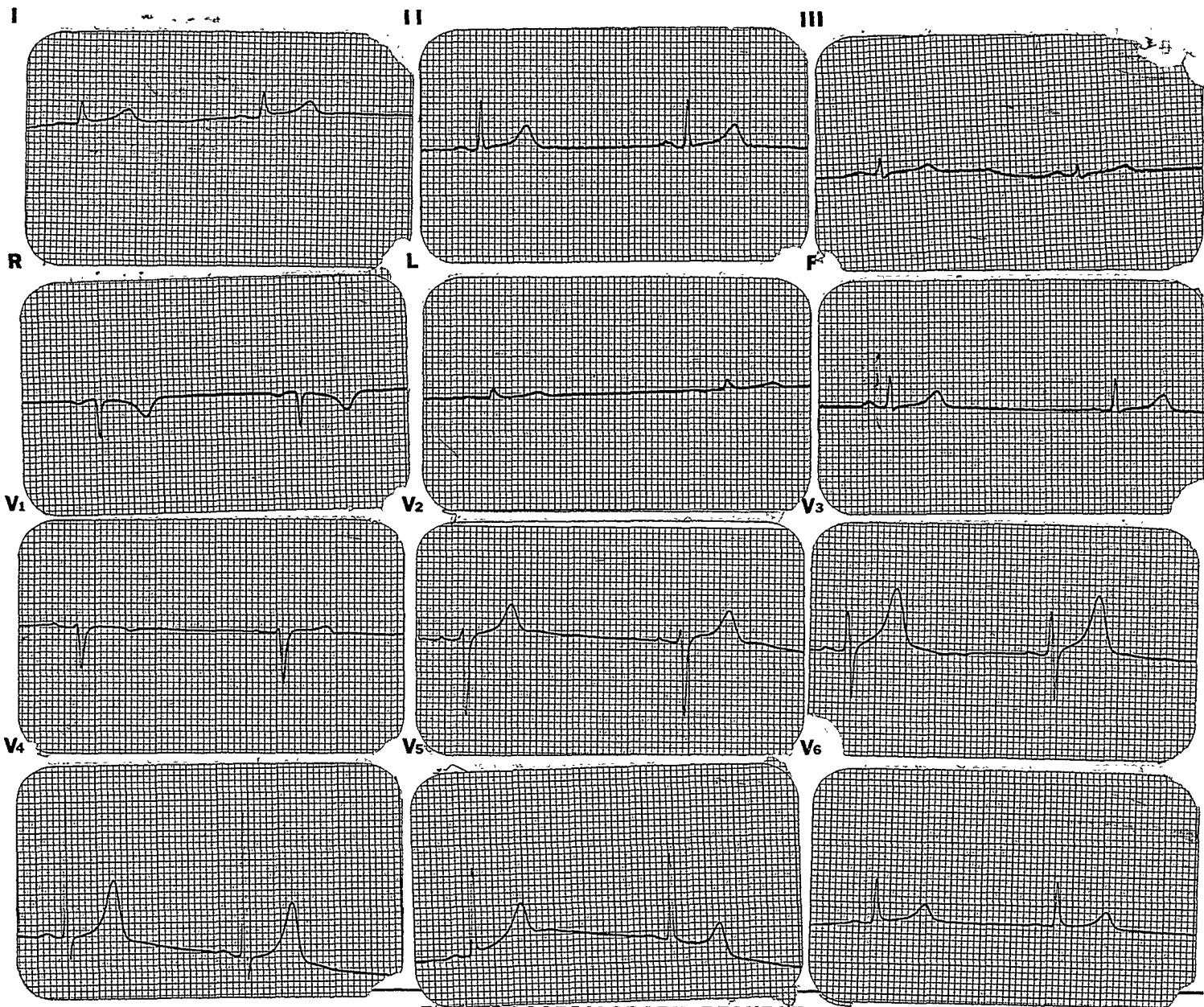
[Redacted Signature Box]

LCDR MC USN FS



C CONTROLS CORPORATION BUFFALO, NEW YORK

PRINTED IN U.S.A.



ELECTROCARDIOGRAPH REQUEST

PREV. ECG YES ☒ NO ☐ AMB. ☒ BED. ☐ EMERG. ☐ DIG. ☐ QUIN. ☐ AGE 40 SEX M B.P. 110/80 DATE 9 Feb 77
 CLIN. DIAG.: NO ↑ B/p or Hypertension ORDERED BY .80

M.D.

ELECTROCARDIOGRAPH REPORT

RHYTHM: SINUS ☐ OTHER: ☐

RATES:

INTERVALS:

AXIS:

ATR.

VENTR.

P-R

QRS

QTc

+ 0 - 0

DESCRIPTION:

LIMB LEADS

PRECORDIAL LEADS

P

QRS

S-T

T-U

INTERPRETATION, SERIAL CHANGES, IMPLICATIONS:

WNL

PATIENT'S IDENTIFICATION

INTERPRET

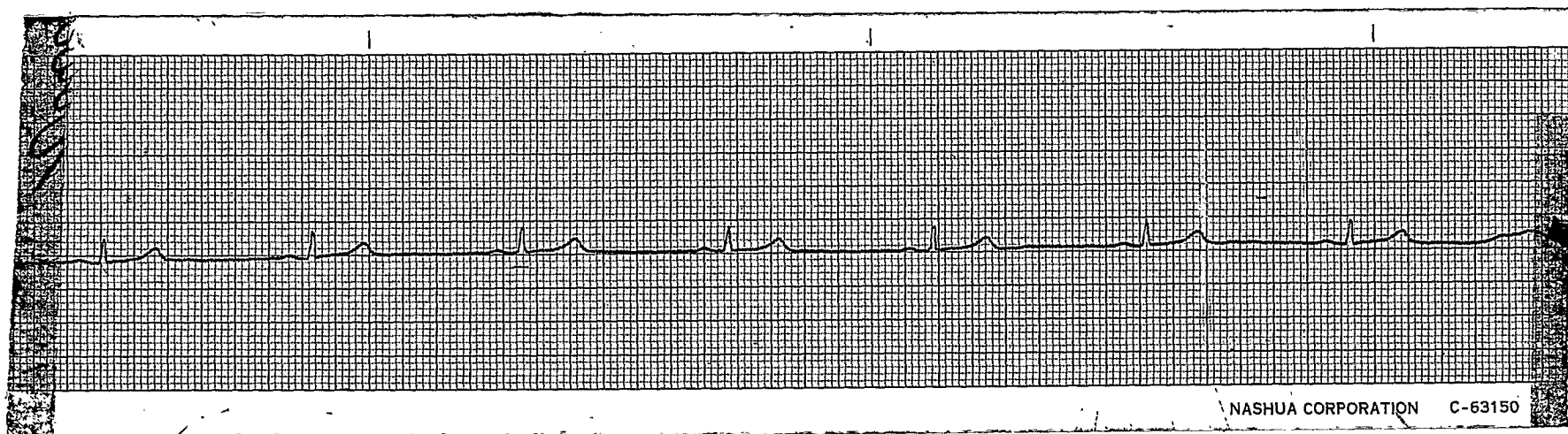
RESSLER, ROBERT K.
 SS: 357-28-1755
 FBI ANNUAL PHYSICAL
 MANN HALL DISPENSARY
 640-6131

ECG NO.

WARD

RM.

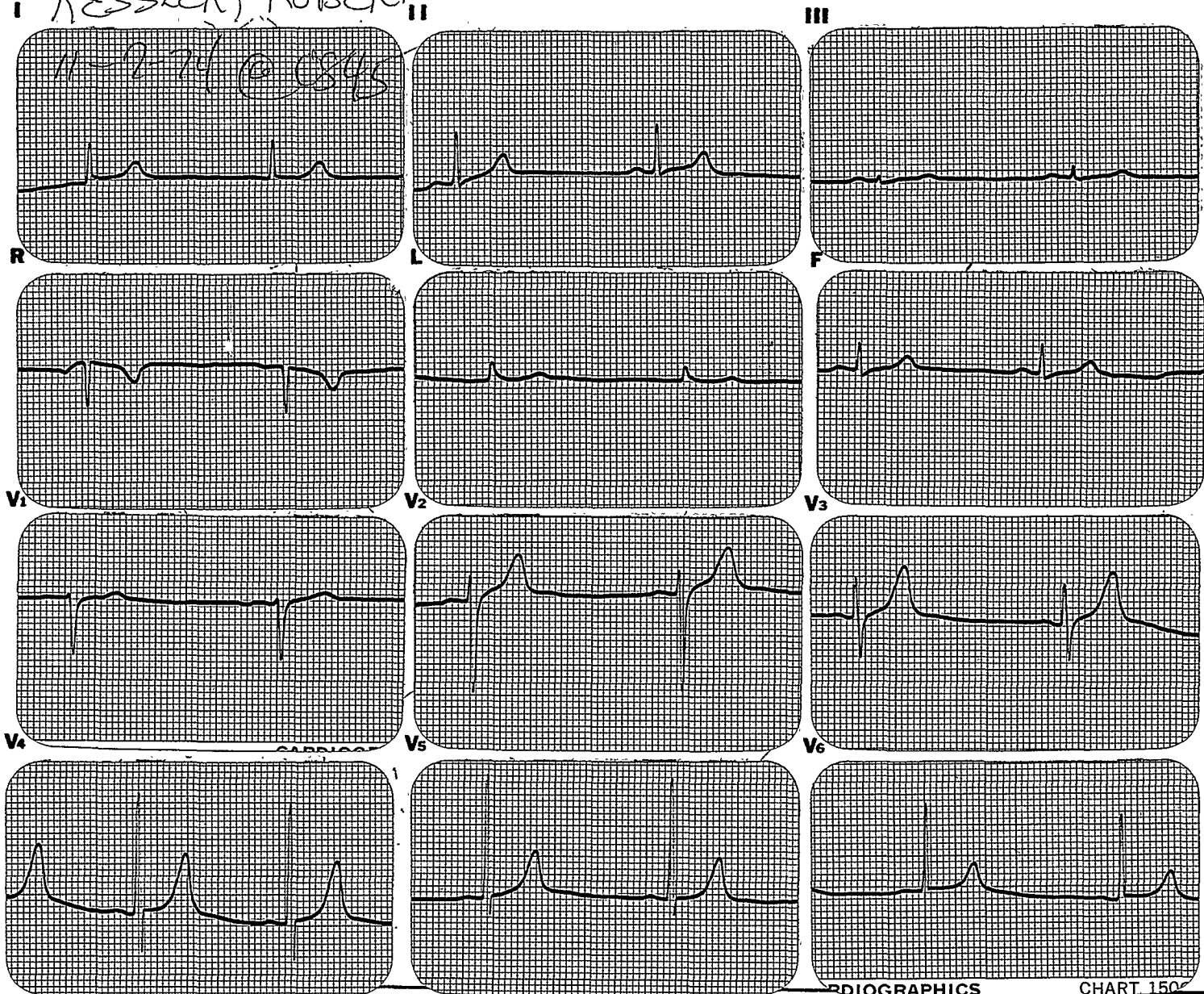
DATE 9 Feb 77



FBI

RESSLER, ROBERT

11-2-74 @ 0845



ELECTROCARDIOGRAPH REQUEST

PREV. ECG YES ☒ NO ☐ AMB. ☒ SED. ☐ EMERG. ☐ DIG. ☐ QUIN. ☐ AGE 37 SEX M B.P. DATE 1/7/74
CLIN. DIAG.: ORDERED BY Skute / MAS M.D.

ELECTROCARDIOGRAPH REPORT

RHYTHM: SINUS ☐ OTHER: ☐
RATES: INTERVALS: AXIS: + 0 - 0
ATR. VENTR. P-R QRS QTc
DESCRIPTION: LIMB LEADS PRECORDIAL LEADS
P
QRS
S-T
T, U

INTERPRETATION, SERIAL CHANGES, IMPLICATIONS:

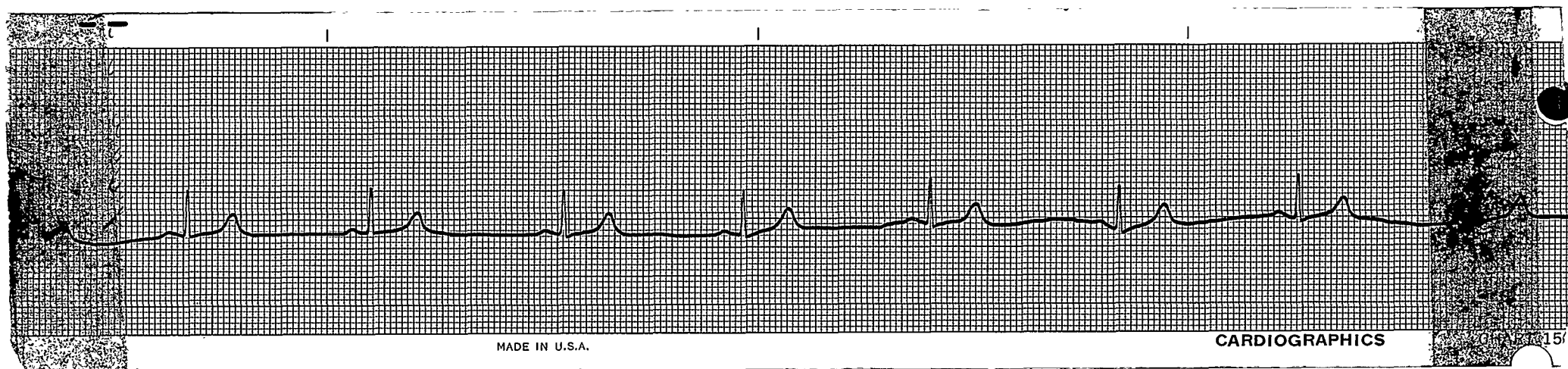
WNL as on 9/11/69.

PATIENT'S IDENTIFICATION

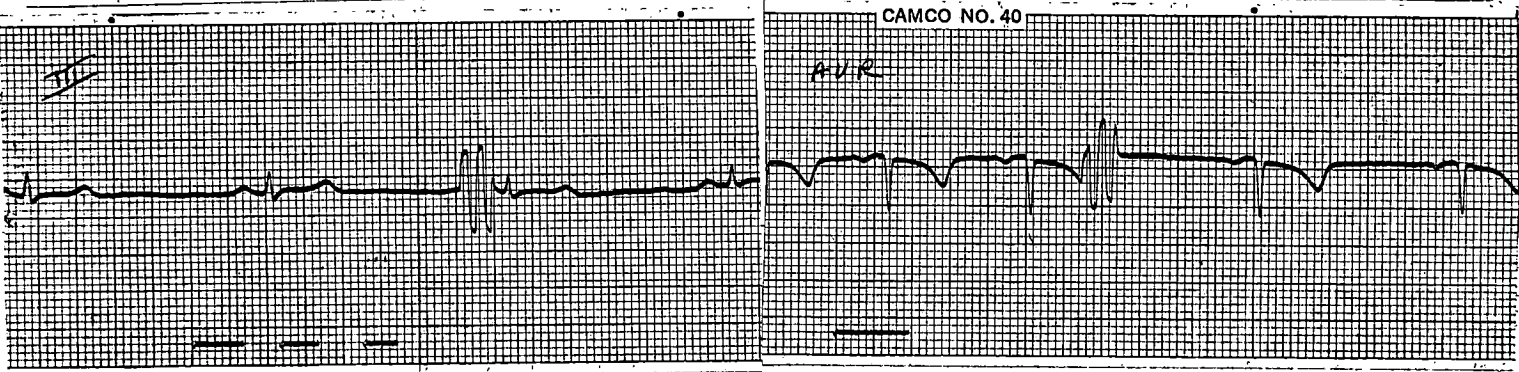
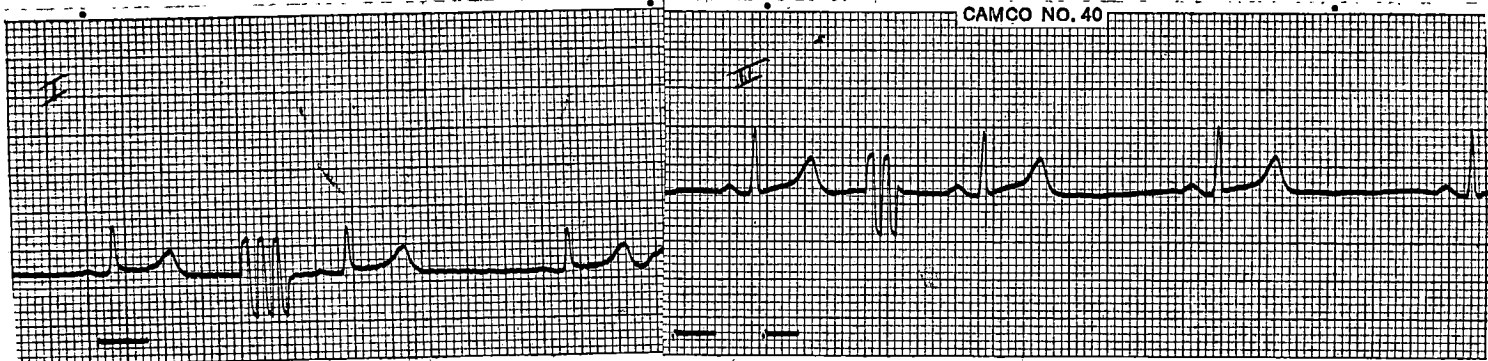
RESSLER, ROBERT K
FBI Physical
357-28-1755

ECG NO. WARD RM. b6 b7C M.D.

DATE 1/7/74



CLINICAL RECORD		ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG ☐ YES ☒ NO	
CLINICAL IMPRESSION		MEDICATION		☐ EMERGENCY ☐ BEDSIDE ☐ ROUTINE ☒ AMBULANT	
AGE 32	SEX M	RACE W	HEIGHT 72 in	WEIGHT 184 lb	B.P. 120/66
SIGNATURE OF WARD PHYSICIAN					DATE 9/11/69
RHYTHM			AXIS DEVIATION (QRS)		RATES AURIC. VENT.
INTERVALS PR QRS QT			P WAVES		
QRS COMPLEXES					
RS-T SEGMENT			T WAVES		
UNIPOLAR EXTREMITY LEADS (Specify)					



*Sinus bradycardia
otherwise WNL.*

b6

b7C

(Continue on reverse)

NO.	TITLE		DATE
ECG	chief, OPC		
PATIENT'S IDENTIFICATION (Print type or type; give: Name—last, first, middle; grade; date; hospital or medical facility)			REGISTER NO.
WARD NO.			

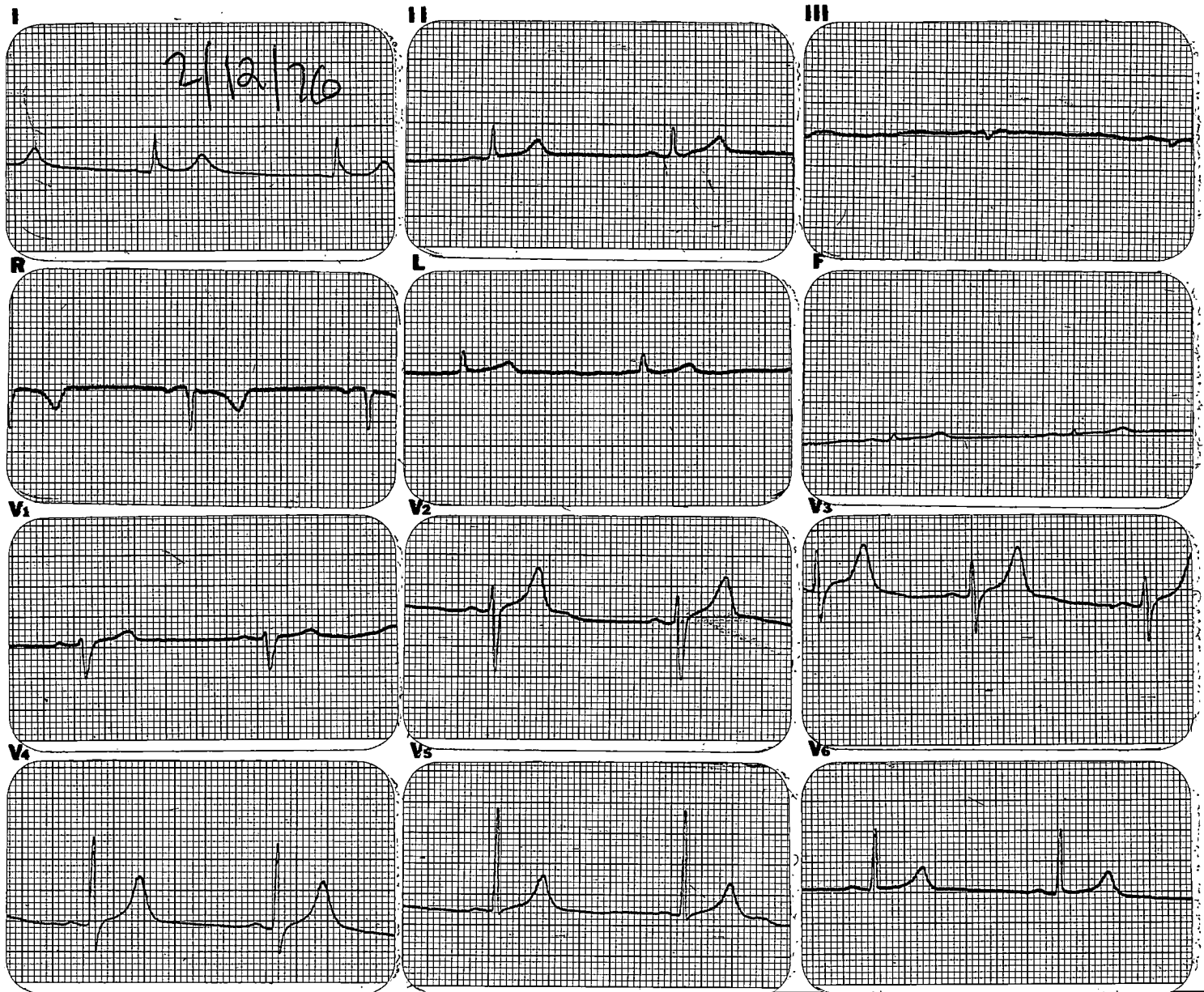
Ressler Robert Kenneth

FBI

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

ENCLOSURE

FBI
RESSLER, ROBERT



ELECTROCARDIOGRAPH REQUEST

PREV. ECG YES ☐ NO ☐ AMB. ☐ BED. ☐ EMERG. ☐ DIG. ☐ QUIN. ☐ AGE ☐
CLIN. DIAG.: ☐

SEX ☐ B.P. ☐ DATE 2/12/76
ORDERED ☐ b6
b7C

ELECTROCARDIOGRAPH REPORT

RHYTHM: SINUS ☐ OTHER: ☐

RATES:

INTERVALS:

AXIS:

ATR. VENTR.

P-R QRS QTc

+ 0 - 0

DESCRIPTION: LIMB LEADS

PRECARDIAL LEADS

P
QRS
S-T
T, U

INTERPRETATION, SERIAL CHANGES, IMPLICATIONS:

WNL on 11/7/74

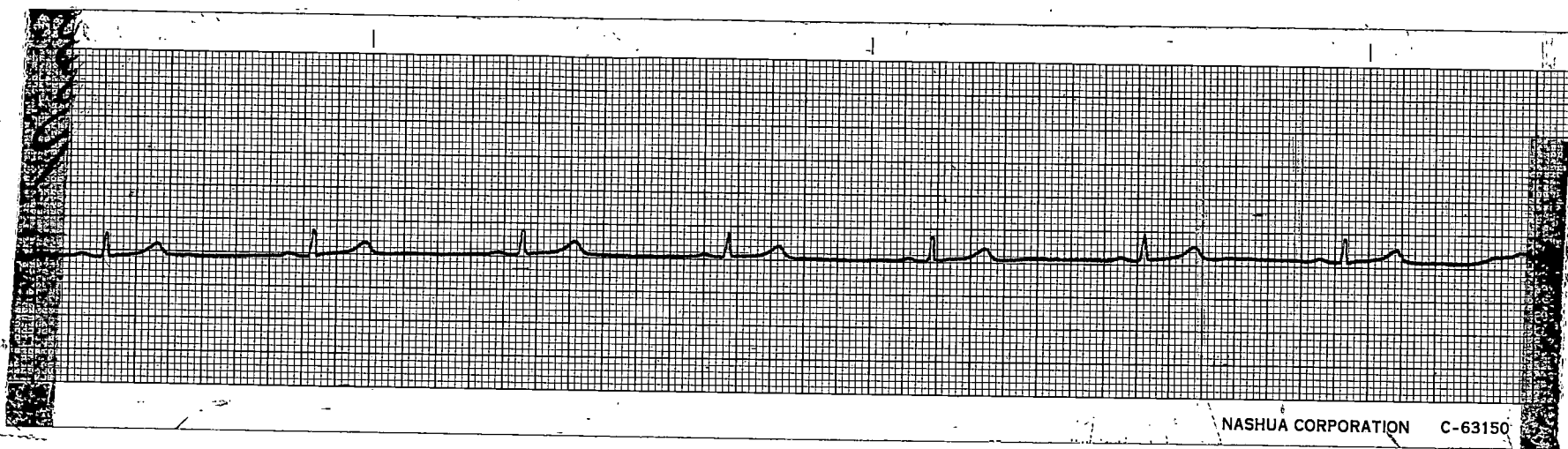
PATIENT'S IDENTIFICATION

Ressler, ROBERT
FBI

INTE

☐ b6
b7C

DATE 2/12/76



NASHUA CORPORATION C-63150

CAMCO NO. 40

CAMCO NO. 40

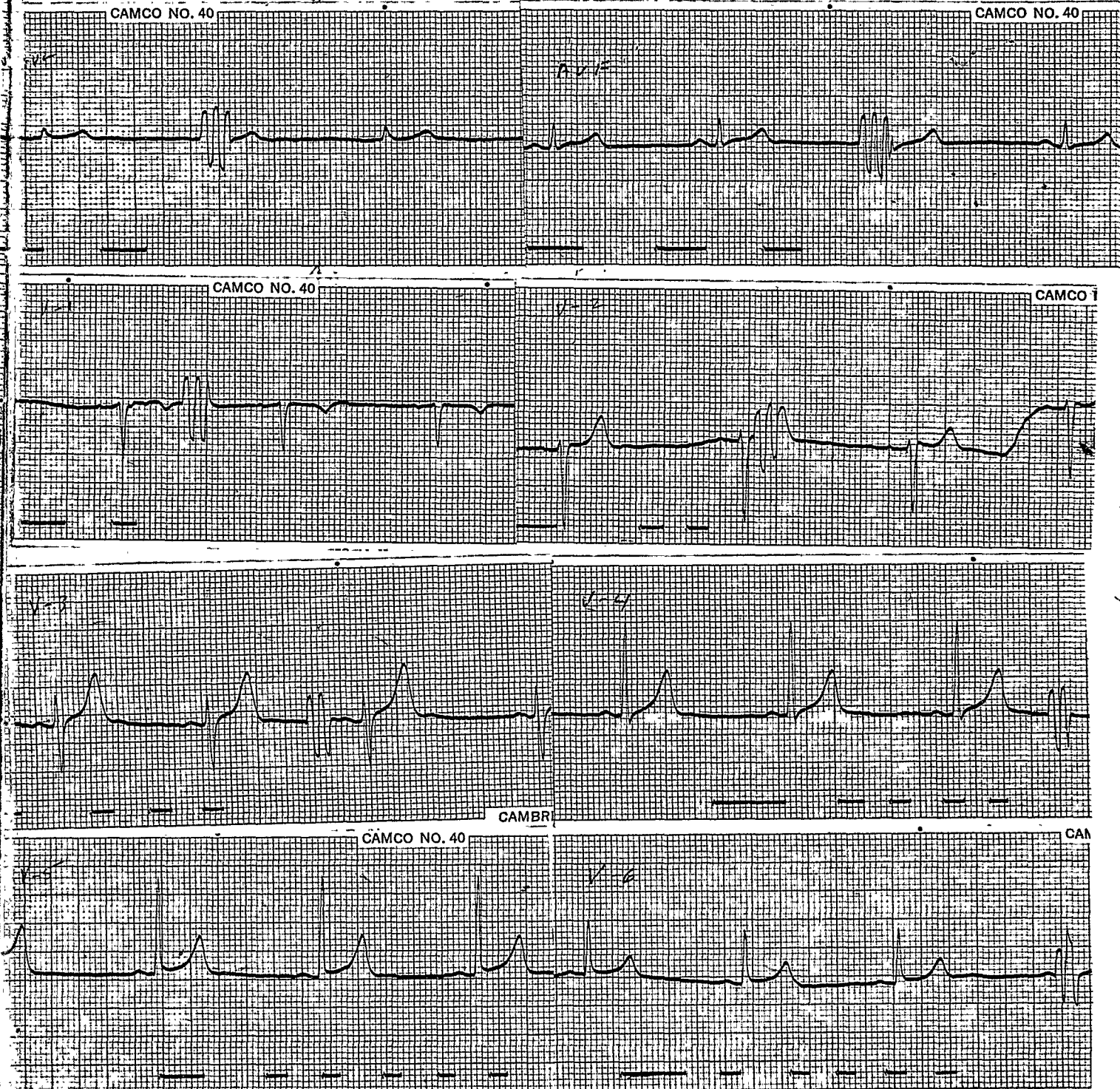
CAMCO NO. 40

CAMCO 1

CAMCO NO. 40

CAN

CAMBR



EXPIRED-1, UNEXPIRED-0

ATLANTA, GEORGIA

EXPIRED- MODEL 800

..... SUMMARY TABLE PRINTOUT

PATIENT NAME: ROSS, ER

ID: A12Z

DATE: 5/8/84 TEMP=88.50 BTTS CORR=1.022 D

VALF A-ITE FEV1=71.78.01% AGE=47YRS 34

FVC CRIT= 5% FEV1 CRIT= 5% BAR PQ=780.0 F0

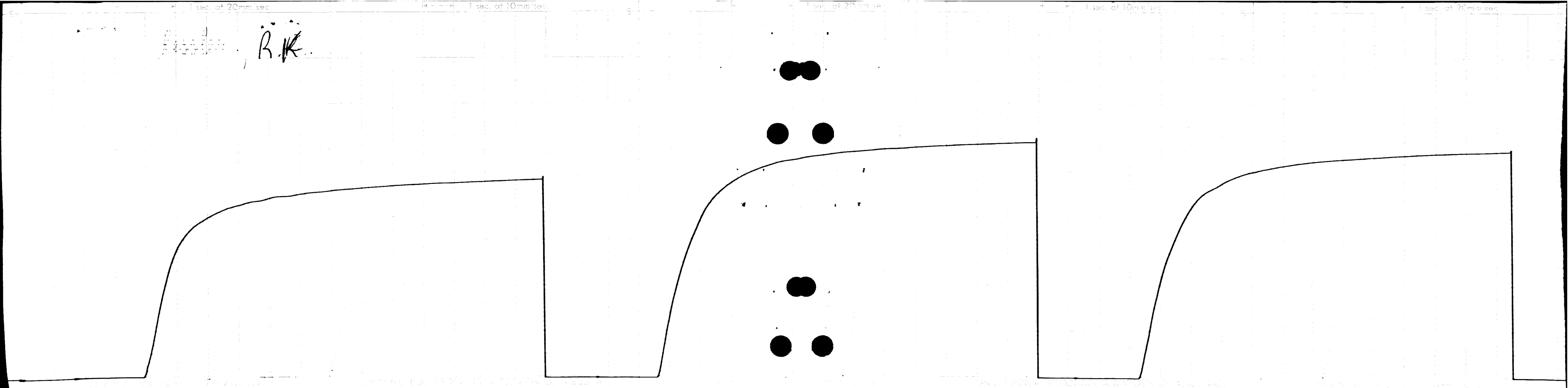
NORMALS: (ALDRIVE-IRVADA)

..... VIB REPRESENTATIVE TEST RESULTS

PARAM	ACT	PRED	%PRED
FVC	5.24	5.28	100%
FEV1.5	2.57	3.32	78%
FEV1	4.12	4.17	99%
FEV5	4.59	4.59	100%
PFR	7.87	9.79	80%
WVEF	3.82	5.00	76%
FEF25%	3.51	3.05	72%
FEF50%	4.07	5.39	75%
FEF75%	2.23	3.45	65%
FEV1.5/V0	.55		
FEV1/V0	.79	.81	97%
FEV5/V0	.85		

..... INDIVIDUAL SPIRIBRAY RESULTS

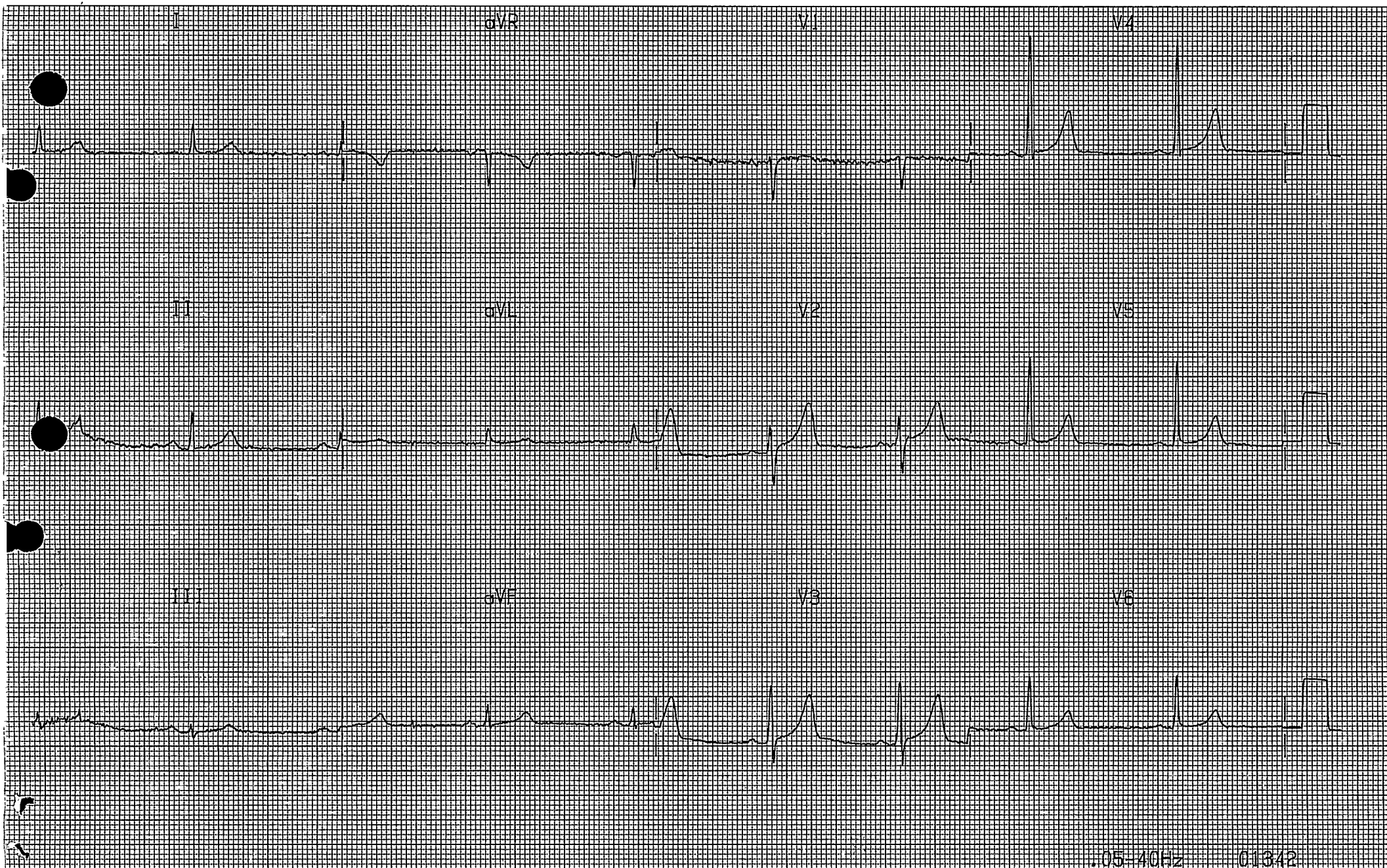
	1# 5145	2# 5149	3# 5148
	ACT %PRED	ACT %PRED	ACT %PRED
FVC	4.41 84%	5.24 100%	5.04 96%
FEV1.5	2.75 68%	2.17 53%	2.81 63%
FEV1	3.53 83%	4.12 98%	4.84 97%
FEV5	4.13 94%	4.59 100%	4.50 97%
PFR	3.80 58%	7.87 90%	7.19 78%
WVEF	3.56 73%	3.82 78%	3.02 73%
FEF25%	3.05 67%	3.51 72%	3.55 72%
FEF50%	3.15 77%	4.07 81%	3.77 83%
FEF75%	1.53 46%	2.23 60%	2.10 51%
FEV1.5/V0	.52	.55	.56
FEV1/V0	.80 95%	.79 97%	.80 95%
FEV5/V0	.84	.85	.86



Kessler, R.K.

5/30/84

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I

aVR

V1

V4

II

aVL

V2

V5

III

aVF

V3

V6

REPORT OF MEDICAL EXAMINATION

115-1214
Quintaco

1. LAST NAME—FIRST NAME—MIDDLE NAME RESSLER, ROSE K.			2. GRADE AND COMPONENT OR POSITION GS 14-Spec Agent		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 25 Snow Hill Drive Spotsylvania VA 22553			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 11-14-88	
7. SEX M	8. RACE Cauc	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 10 CIVILIAN 19		10. AGENCY FBI	11. ORGANIZATION UNIT Phase II	
12. DATE OF BIRTH 2/21/37		13. PLACE OF BIRTH Oak Park, Ill		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Helen M. Ressler		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Health Service Room 6344 JEH Building				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		NOTES.
NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	(Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
	18. HEAD, FACE, NECK AND SCALP	11/14/88. PFT machine broken.
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	Rectal - normal
	22. EARS—GENERAL (Int & ext canals) (Auditory acuity under items 70 and 71)	Prostate - normal
	23. DRUMS—(Perforation)	11/22/88 Annual Physical received in H.S. advised all abnormalities recommended.
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	✓ Pelvic test to left inserted by 1/2" cervical left
	38. SPINE, OTHER MUSCULOSKELETAL	asymptomatic
	39. IDENTIFYING BODY MARKS SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	☐ VAGINAL ☐ RECTAL	

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES 3 KRS
0 1 2 3 Restorable 32 31 30 teeth 0		
1 2 3 Non- 32 31 30 restorable teeth		
1 2 3 Missing 32 31 30 teeth		
1 2 3 Replaced 32 31 30 by dentures		
1 2 3 Fixed 32 31 30 Partial dentures		
L 1 2 3 32 31 30 E 32 31 30 F 32 31 30 T		

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN		D. MICROSCOPIC	
C. SUGAR			
47. SEROLOGY (Specify test used and result)		48. EKG WALK 1/27	49. BLOOD TYPE AND RH FACTOR
		50. OTHER TESTS	

MEASUREMENTS AND OTHER FINDINGS																																						
51. HEIGHT 6'1"		52. WEIGHT 184		53. COLOR HAIR		54. COLOR EYES		55. BUILD: ☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESSE		56. TEMPERATURE 97.5																												
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																
A. SITTING SYS. 122 DIAS. 69		B. RECU- M-BENT SYS. 122 DIAS. 69		C. STANDING (3 min.) SYS. 122 DIAS. 69		A. SITTING 60		B. AFTER EXERCISE		C. 2 MIN. AFTER																												
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION																																		
RIGHT 20/29		CORR. TO 20/18		BY S.		CX		20/67		CORR. TO 20/20																												
LEFT 20/29		CORR. TO 20/18		BY S.		CX		1/50		CORR. TO 12.5																												
62. HETEROPHORIA (Specify distance)																																						
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT																												
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)																														
RIGHT LEFT				6/6 passed				UNCORRECTED CORRECTED																														
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST																														
								69. INTRAOCULAR TENSION 60/18/65/16																														
70. HEARING				71. AUDIOMETER																																		
RIGHT WV /15 SV /15				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>250 256</td> <td>500 512</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td>15</td> <td>35</td> <td>30</td> <td>30</td> <td>40</td> <td>45</td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td>15</td> <td>30</td> <td>30</td> <td>55</td> <td>55</td> <td>55</td> <td></td> <td></td> </tr> </table>									250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT	15	35	30	30	40	45			LEFT	15	30	30	55	55	55		
	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192																														
RIGHT	15	35	30	30	40	45																																
LEFT	15	30	30	55	55	55																																
LEFT WV /15 SV /15				72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) HF LTR R1																																		
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																						

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Healthy male.
High frequency hearing loss bilateral.
Refractive error to left.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Weight control discussed.

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

Kell during

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF AT-
TACHED SHEETS



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300 H AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE 5 05

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO
RESSLER ROBERT	M		571485	10/26/88	10/29/88	2710012
			1057			
TEST	RESULTS	ABNORMAL FLAG	NORMAL VALUES			
FINAL REPORT						
PROFILE 5470						
HEALTH SURVEY PROFILE I						
GLUCOSE	102 MG/DL					65 - 115
BLOOD UREA NITROGEN	12 MG/DL					7 - 25
CREATININE	0.9 MG/DL					0.6 - 1.5
SODIUM	136 MEQ/L					135 - 147
POTASSIUM	3.9 MEQ/L					3.5 - 5.3
CHLORIDE	104 MEQ/L					96 - 109
CARBON DIOXIDE	26 MEQ/L					22 - 32
URIC ACID	5.0 MG/DL					M: 3.0 - 9.0 F: 2.2 - 7.7
TOTAL PROTEIN	6.9 G/DL					6.0 - 8.5
ALBUMIN	4.8 G/DL					3.5 - 5.5
GLOBULIN	2.1 G/DL					2.0 - 3.5
A/G RATIO	2.3					1.0 - 2.4
CALCIUM	10.0 MG/DL					8.5 - 10.8
PHOSPHORUS	3.1 MG/DL					2.5 - 4.5
CHOLESTEROL	220 MG/DL	***				DESIRABLE: < 200 BORDERLINE: 200-239 ELEVATED: > 239 M: 30 - 75 F: 40 - 90
CHOLESTEROL REFERENCE RANGES ARE BASED ON N.I.H. GUIDELINES						
LDL CHOLESTEROL	72 MG/DL					DESIRABLE: < 130 BORDERLINE: 130-159 ELEVATED: > 159 CHD RISK TOTAL/HDL CHOL RATIO
LDL CHOLESTEROL (CALC.) 137 MG/DL						
LDL-CHOL. REFERENCE RANGES ARE BASED ON N.I.H. GUIDELINES						
CHOLESTEROL/HDL CHOL. RATIO	3.1					M: 0.5 X AVG 3.4 3.3 F: 1.0 X AVG 5.0 4.4 2.0 X AVG 9.6 7.1 3.0 X AVG 13.4 11.0 LESS THAN 3.1 30 - 150
LDL/HDL CHOLESTEROL RATIO	1.91					<17 YRS: 80 - 490 >17 YRS: 25 - 140 0 - 40 0 - 45
TRIGLYCERIDES	54 MG/DL					100 - 240 0.2 - 1.2 35 - 180
ALKALINE PHOSPHATASE	65 U/L					M: 39-54 F: 35-48 M: 13.0 - 18.0 F: 11.5 - 16.0 MALE: 4.4 - 6.2
SGOT	20 U/L					
SGPT	16 U/L					
IF SGPT >45 DO GGT	NOT INDICATED					
LACTIC DEHYDROGENASE	164 U/L					
TOTAL BILIRUBIN	0.8 MG/DL					
IRON	108 MCG/DL					
WBC WITH PLATELET	45.5 %					
HEMATOCRIT	14.7 G/DL					
HEMOGLOBIN						
RED BLOOD COUNT	5.04 MILLION /CU.MM.					

WHP
11/14

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WASHINGTON DC 20535

(202) 324-4976 RTE 5 05

PATIENT NAME RESSLER ROBERT	SEX M	AGE	ACCESSION 571485	DATE OF ACCESSION 10/26/88	DATE OF REPORT 10/29/88	ACCOUNT NO 2710012	1058
TEST			RESULTS			ABNORMAL FLAG	NORMAL VALUES

TEST		RESULTS	ABNORMAL FLAG	NORMAL VALUES
		FINAL REPORT		
MCV		90 CU. MICRONS		FEMALE: 3.8 - 5.4
MCH		29.2 MICRO-MICRO GMS		80 - 100
MCHC		32.3 %		27.0 - 34.0
WHITE BLOOD COUNT		6.8 THOUS/CU-MM.		31.0 - 36.0
LYMPHOCYTE		38 %		4.0 - 11.0
NEUTROPHIL		51 %		18 - 46
MONOCYTE		7 %		45 - 75
EOSINOPHIL		3 %		0 - 11
BASOPHIL		1 %		0 - 6
PLATELET COUNT		254 THOUS/CU-MM.		0 - 2
THYROXINE (T4) - RIA		7.3 MCG/DL		140 - 450
BILIRUBIN - INDIRECT		0.8 MG/DL		4.5 - 12.5
BILIRUBIN - DIRECT		0.0 MG/DL		0.2 - 1.0
URINALYSIS - ROUTINE				0.0 - 0.4
COLOR		YELLOW	+	
URINE PH		5.0	+	5.0 - 9.0
SPECIFIC GRAVITY		1.011	+	1.003 - 1.030
GLUCOSE		NEGATIVE	+	NEGATIVE
PROTEIN		NEGATIVE	+	NEGATIVE
KETONES		NEGATIVE	+	NEGATIVE
BLOOD		NEGATIVE	+	NEGATIVE
BILIRUBIN		NEGATIVE	+	NEGATIVE
UROBILINOGEN		NEGATIVE	+	0 - 1+
LEUKOCYTE ESTERASE		NEGATIVE	+	NEGATIVE
NITRITE		NEGATIVE	+	NEGATIVE
OCCULT BLOOD - FECES		SOURCE:		
		NEGATIVE FOR OCCULT BLOOD.		
SEROLOGY (RPR) - QUAL.		NON REACTIVE		NON-REACTIVE
SEROLOGY (RPR) - QUANT.		NOT INDICATED		NON-REACTIVE
FTA (IF RPR REACTIVE)		NOT INDICATED		

HJP
11/14

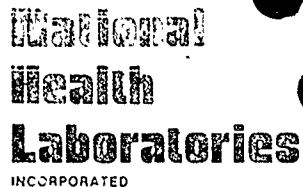
PAGE 2 OF 2

[Signature Box]

MD

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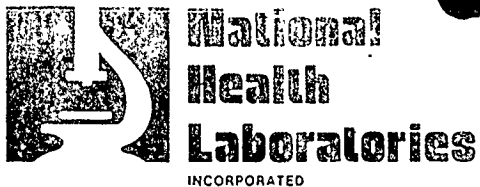
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1700 H AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME RESSLGR ROBERT K	SEX M	AGE	ACCESSION 765018	DATE OF ACCESSION 11/30/88	DATE OF REPORT 12/02/88	ACCOUNT NO 2710012	1008
TEST		RESULTS			ABNORMAL FLAG	NORMAL VALUES	

OCCULT BLOOD - FECES

NEGATIVE FOR OCCULT BLOOD.

FINAL REPORT
SOURCE: STOOL

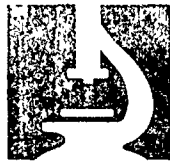
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3801 M AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME	SEX	AGE	ACCESSION	DATE OF ACCESSION	DATE OF REPORT	ACCOUNT NO	
RESSLGR ROBERT K	M		765019	11/30/88	12/02/88	2710012	1009

TEST

RESULTS

ABNORMAL
FLAG

NORMAL VALUES

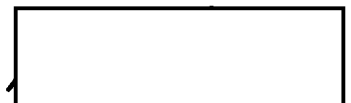
OCCULT BLOOD - FECES

NEGATIVE FOR OCCULT BLOOD.

FINAL REPORT

SOURCE: STOOL

PAGE 1 OF 1



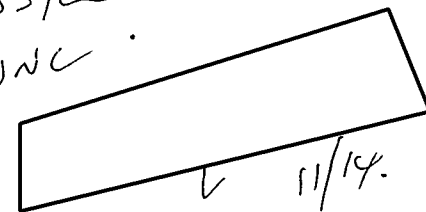
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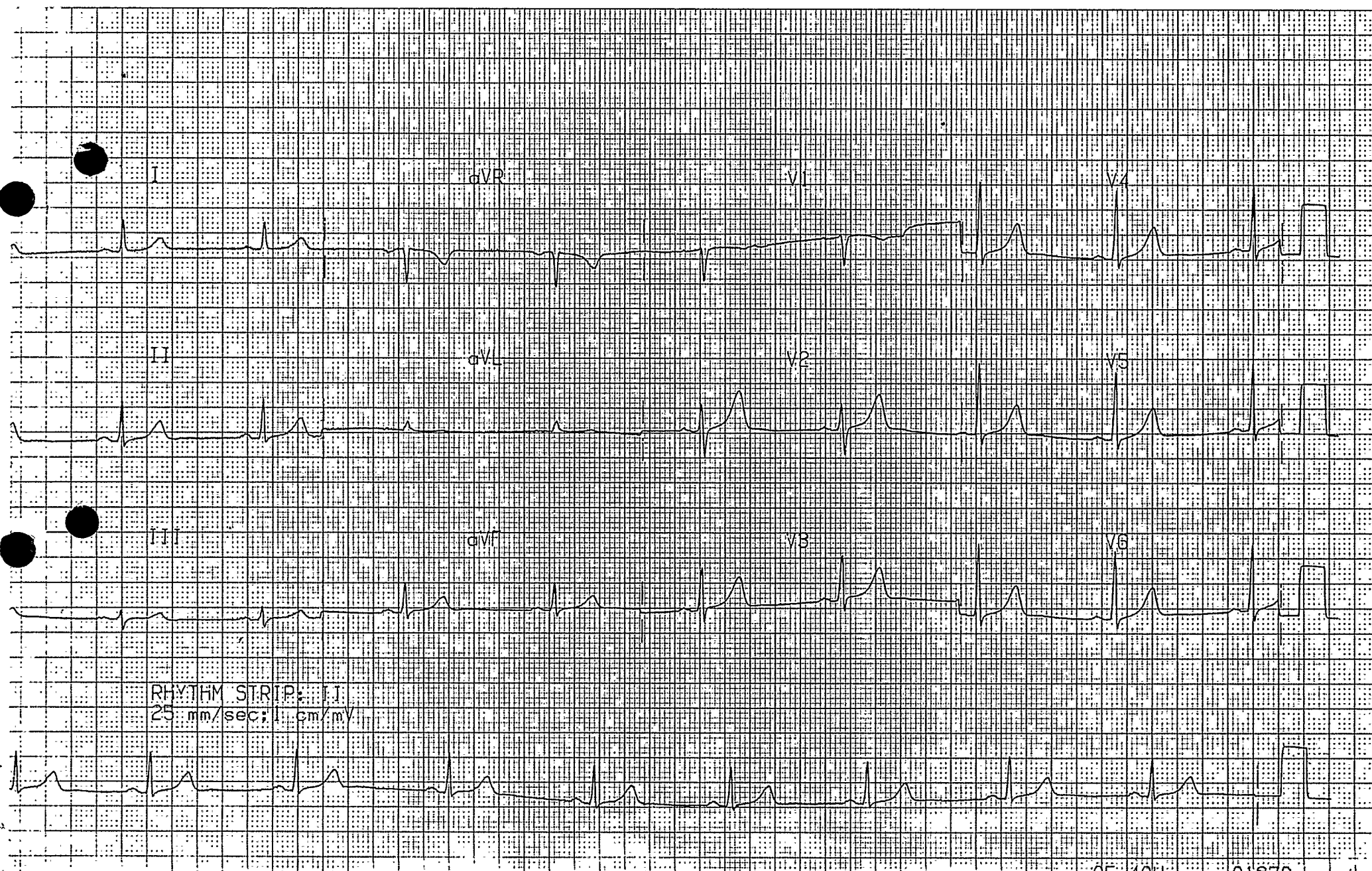
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Ressler, Robert
11/14/88.

Rate 55/min
WNC



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REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME RESSLER, ROBT K.		2. SOCIAL SECURITY OR IDENTIFICATION NO. 357-28-1755.					
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) 25 Snow Hill Drive Spotsylvania VA. 22553		4. POSITION (title, grade, component) Special Agent FBI GS14					
5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 1.34/14/88	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) FBIHQ HCPV					
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) I am in excellent health to the best of my knowledge							
9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)					
YES	NO	YES	NO				
☒	☐	☒	☐				
(Check each item)		(Check each item)					
☒	☐	☒	☐				
Lived with anyone who had tuberculosis		Wear glasses or contact lenses					
☒	☐	☒	☐				
Coughed up blood		Have vision in both eyes					
☒	☐	☒	☐				
Bled excessively after injury or tooth extraction		Wear a hearing aid					
☒	☐	☒	☐				
Attempted suicide		Stutter or stammer habitually					
☒	☐	☒	☐				
Been a sleepwalker		Wear a brace or back support					
11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
☒	☐	☐	Scarlet fever, erysipelas	☒	☐	☐	"Trick" or locked knee
☒	☐	☐	Rheumatic fever	☒	☐	☐	Foot trouble
☒	☐	☐	Swollen or painful joints	☒	☐	☐	Neuritis
☒	☐	☐	Frequent or severe headache	☒	☐	☐	Paralysis (include infantile)
☒	☐	☐	Dizziness or fainting spells	☒	☐	☐	Epilepsy or fits
☒	☐	☐	Eye trouble	☒	☐	☐	Car, train, sea or air sickness
☒	☐	☐	Ear, nose, or throat trouble	☒	☐	☐	Frequent trouble sleeping
☒	☐	☐	Hearing loss	☒	☐	☐	Depression or excessive worry
☒	☐	☐	Chronic or frequent colds	☒	☐	☐	Loss of memory or amnesia
☒	☐	☐	Severe tooth or gum trouble	☒	☐	☐	Nervous trouble of any sort
☒	☐	☐	Sinusitis	☒	☐	☐	Periods of unconsciousness
☒	☐	☐	Hay Fever	☒	☐	☐	
☒	☐	☐	Head Injury	☒	☐	☐	
☒	☐	☐	Skin diseases	☒	☐	☐	
☒	☐	☐	Thyroid trouble	☒	☐	☐	
☒	☐	☐	Tuberculosis	☒	☐	☐	
☒	☐	☐	Asthma	☒	☐	☐	
☒	☐	☐	Shortness of breath	☒	☐	☐	
☒	☐	☐	Pain or pressure in chest	☒	☐	☐	
☒	☐	☐	Chronic cough	☒	☐	☐	
☒	☐	☐	Palpitation or pounding heart	☒	☐	☐	
☒	☐	☐	Heart trouble	☒	☐	☐	
☒	☐	☐	High or low blood pressure	☒	☐	☐	
13. WHAT IS YOUR USUAL OCCUPATION? Special Agent FBI				14. ARE YOU (Check one) ☒ Right handed ☐ Left handed			

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
☒	☐	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc. B. Inability to perform certain motions. C. Inability to assume certain positions. D. Other medical reasons (If yes, give reasons.)
☒	☐	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
☒	☐	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
☒	☐	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
☒	☐	19. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
☒	☐	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
☒	☐	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
☒	☐	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
☒	☐	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
☒	☐	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

18 Childhood, tonsils etc
19 Epididymitis, 1961
21 Ringing in Ears, Hearing loss.
[Redacted] Fredericksburg VA.
an MCV, Richmond Va.
(Still persists - diagnosed as Tinnitus - Chronic)

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I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE

ROBT K. KESSLER

SIGNATURE

[Signature]

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

WT loss of 30 pounds (205 in 1985 - now weighs 185 (weight 178))

offsite hearing test - Tinnitus & hearing loss.

TYPED OR PRINTED NAME OF PHYSICIAN OR

DATE

11/14/88

SIGNATURE

[Redacted Signature]

NUMBER OF ATTACHED SHEETS

b6
b7C

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee RESSLER ROBT K.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his/her participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Office of Personnel Management requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	120 - 149	131 - 163	5'0"	96 - 117	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☒ medium ☐ large

5. Considering the above weight table, the examinee's frame, and other individual physical characteristics, I consider his/her present weight ☐ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Signature of Medical Examiner

Date

b6
b7C

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME RESSLER, Robert Kenneth		2. GRADE AND COMPONENT OR POSITION AS 14-Special Agent		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 22553 25 Snow Hill Drive, Spotsylvania Va.		5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 12-20-89 PHF 12/20/89 phys	
7. SEX M	8. RACE Can	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 10 CIVILIAN 20		10. AGENCY FBI	11. ORGANIZATION UNIT FBI Academy
12. DATE OF BIRTH 2/21/37 (52)		13. PLACE OF BIRTH Oak Park, Illinois		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Helen M. Ressler	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS FBIHQHS				16. OTHER INFORMATION	
17. RATING OR SPECIALTY Supervisory Special Agent FBI		TIME IN THIS CAPACITY (Total) 20 years		LAST SIX MONTHS	

NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Rectal - Normal - small tag at 6 o'clock
Prostate - Residual enlargement at base & shift
of median lobe to Rt

mid obesity

Rt facial weakness - loss of skin fold and drooping Rt lip
Puffing of Rt cheek & wheezing

Shoes test & lantern

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																			
Restorable teeth				Non-restorable teeth				Missing teeth				Replaced by dentures				Fixed Partial dentures			
1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L		
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E		
G																	F		
H																	T		
T																			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES 12/20/89

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS																																						
51. HEIGHT 6'11"		52. WEIGHT 190		53. COLOR HAIR		54. COLOR EYES		55. BUILD: ☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE		56. TEMPERATURE 94.3																												
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																
A. SITTING SYS. 108 DIAS. 72		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 60		B. AFTER EXERCISE		C. 2 MIN. AFTER																												
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION																																		
RIGHT 20/ 33		CORR. TO 20/ 20		BY S. CX		20/100		CORR. TO 20/25		BY																												
LEFT 20/ 40		CORR. TO 20/ 33		BY S. CX		20/100		CORR. TO 20/33		BY																												
62. HETEROPHORIA (Specify distance)																																						
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT																												
63. ACCOMMODATION		64. COLOR VISION (Test used and result) PASSED 6/6				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																														
RIGHT LEFT								CORRECTED																														
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION OD 16 OS 18																														
70. HEARING				71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																												
RIGHT WV /15 SV /15				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>250 236</td> <td>500 518</td> <td>1000 1024</td> <td>2000 2018</td> <td>3000 3096</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td>15</td> <td>35</td> <td>40</td> <td>35</td> <td>45</td> <td>65</td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td>15</td> <td>30</td> <td>40</td> <td>65</td> <td>60</td> <td>70</td> <td></td> <td></td> </tr> </table>							250 236	500 518	1000 1024	2000 2018	3000 3096	4000 4096	6000 6144	8000 8192	RIGHT	15	35	40	35	45	65			LEFT	15	30	40	65	60	70			Moderately slow 17 F hrs.	
	250 236	500 518	1000 1024	2000 2018	3000 3096	4000 4096	6000 6144	8000 8192																														
RIGHT	15	35	40	35	45	65																																
LEFT	15	30	40	65	60	70																																
LEFT WV /15 SV /15																																						

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

59+61.- AGENT ADVISED VISION DOES NOT MEET FBI STANDS.-PPT

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

RT facial weakness with lip drop ?
Mild erosion about

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Neurological examination
Wearing of 10 pairs
Better exercise program

77. EXAMINEE (Check)

A. ☐ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

Full duty

78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

76. A. PHYSICAL PROFILE					
P	U	L	H	E	S

B. PHYSICAL CATEGORY			
A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

M.D.

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS



**National
Health
Laboratories**
INCORPORATED

13900 PARK CENTER ROAD
HERNDON, VIRGINIA 22071
PHONE (703) 742-3100

FEDERAL BUREAU OF
INVESTIGATION HDQTS.
10TH AND PENN. AVENUE NW
WASHINGTON DC 20535
(202) 324-4976 RTE S 05

PATIENT NAME
RESSLER ROBERT

SEX
M

AGE

ACCESSION
678797

DATE OF ACCESSION
12/06/89

DATE OF REPORT
12/08/89

ACCOUNT NO.
2710012

0668

TEST

RESULTS

ABNORMAL
FLAG

NORMAL VALUES

BEGLEY

FINAL REPORT

PROFILE 5470

HEALTH SURVEY PROFILE I

GLUCOSE
BLOOD UREA NITROGEN
CREATININE
SODIUM
POTASSIUM
CHLORIDE
CARBON DIOXIDE
URIC ACID

96 MG/DL
20 MG/DL
0.9 MG/DL
142 MEQ/L
4.3 MEQ/L
102 MEQ/L
27 MEQ/L
5.7 MG/DL

65 - 115
7 - 25
0.6 - 1.5
135 - 147
3.5 - 5.3
96 - 109
22 - 32
M: 3.0 - 9.0
F: 2.2 - 7.7

TOTAL PROTEIN
ALBUMIN
GLOBULIN
A/G RATIO
CALCIUM
PHOSPHORUS

7.3 G/DL
5.0 G/DL
2.3 G/DL
2.2
9.0 MG/DL
3.3 MG/DL

6.0 - 8.5
3.5 - 5.5
2.0 - 3.5
1.0 - 2.4
8.5 - 10.8
<17 YRS: 4.5 - 6.5
>17 YRS: 2.5 - 4.5
*** DESIRABLE: < 200
BORDERLINE: 200-239
ELEVATED: > 239
M: 30 - 75
F: 40 - 90

CHOLESTEROL
CHOLESTEROL REFERENCE RANGES ARE BASED ON N.I.H. GUIDELINES

246 MG/DL

*** DESIRABLE: < 130
BORDERLINE: 130-159
ELEVATED: > 159
CHD RISK TOTAL/HDL
CHOL RATIO

HDL CHOLESTEROL

73 MG/DL

LDL CHOLESTEROL (CALC.)
LDL-CHOL. REFERENCE RANGES ARE BASED ON N.I.H. GUIDELINES

156 MG/DL

*** DESIRABLE: < 130
BORDERLINE: 130-159
ELEVATED: > 159
CHD RISK TOTAL/HDL
CHOL RATIO

CHOLESTEROL/HDL CHOL. RATIO 3.4

M F
0.5 X AVG 3.4 3.3
1.0 X AVG 5.0 4.4
2.0 X AVG 9.6 7.1
3.0 X AVG 13.4 11.0
LESS THAN 3.1

LDL/HDL CHOLESTEROL RATIO
TRIGLYCERIDES
ALKALINE PHOSPHATASE

2.13
86 MG/DL
67 U/L

30 - 150
<17 YRS: 80 - 490
>17 YRS: 25 - 140

S G O T
S G P T
LACTIC DEHYDROGENASE
TOTAL BILIRUBIN

20 U/L
17 U/L
177 U/L
0.5 MG/DL

0 - 40
0 - 45
100 - 240
0.2 - 1.2

FERRITIN

248 NG/ML

MALE 20-450
FEMALE <45YR. 7-200
FEMALE >45YR. 10-350
MALE: 0-65
FEMALE: 0-45

GAMMA GLUTAMYL TRANSFERASE

31 U/L

b6
b7c

M.D.
Director of Laboratories



**National
Health
Laboratories**
INCORPORATED

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PHONE (703) 742-3100

FEDERAL BUREAU OF
INVESTIGATION HDQTS.
1700 H AND PENN. AVENUE NW
WASHINGTON DC 20535
(202) 324-4976 RTE S 05

PATIENT NAME RESSLER ROBERT	SEX M	AGE	ACCESSION 678797	DATE OF ACCESSION 12/06/89	DATE OF REPORT 12/08/89	ACCOUNT NO. 2710012	0669
---------------------------------------	-----------------	-----	----------------------------	--------------------------------------	-----------------------------------	-------------------------------	-------------

TEST

RESULTS

ABNORMAL
FLAG

NORMAL VALUES

REGLEY

FINAL REPORT

**B C WITH PLATELET
HEMATOCRIT
HEMOGLOBIN**

**42.8 %
14.2 G/DL**

**M: 39-54 F: 35-48
M: 13.0 - 18.0
F: 11.5 - 16.0**

RED BLOOD COUNT

4.78 MILLION /CU.MM.

**MALE: 4.4 - 6.2
FEMALE: 3.8 - 5.4**

MCV

90 CU. MICRONS

80 - 100

MCH

29.8 MICRO-MICRO GMS

27.0 - 34.0

MCHC

33.2 %

31.0 - 36.0

WHITE BLOOD COUNT

7.1 THOUS/CU.MM.

4.0 - 11.0

LYMPHOCYTE

40 %

18 - 46

NEUTROPHIL

49 %

45 - 75

MONOCYTE

8 %

0 - 11

EOSINOPHIL

2 %

0 - 6

BASOPHIL

1 %

0 - 2

PLATELET COUNT

251 THOUS/CU.MM.

140 - 450

THYROXINE (T4) - RIA

8.3 MCG/DL

4.5 - 12.5

BILIRUBIN - INDIRECT

0.5 MG/DL

0.2 - 1.0

BILIRUBIN - DIRECT

0.0 MG/DL

0.0 - 0.4

URINALYSIS - ROUTINE

COLOR

YELLOW

5.0 - 9.0

URINE PH

5.0

1.003 - 1.030

SPECIFIC GRAVITY

1.020

GLUCOSE

NEGATIVE

NEGATIVE

PROTEIN

NEGATIVE

NEGATIVE

KETONES

NEGATIVE

NEGATIVE

BLOOD

NEGATIVE

NEGATIVE

BILIRUBIN

NEGATIVE

NEGATIVE

UROBILINOGEN

NEGATIVE

0 - 1+

LEUKOCYTE ESTERASE

NEGATIVE

NEGATIVE

NITRITE

NEGATIVE

NEGATIVE

OCCULT BLOOD - FECES

SOURCE:

CHARGE.

SEROLOGY (RPR) - QUAL.

NON REACTIVE

NON-REACTIVE

SEROLOGY (RPR) - QUANT.

NOT INDICATED

NON-REACTIVE

FTA (IF RPR REACTIVE)

NOT INDICATED

**GGT HAS BEEN RE-STANDARDIZED. RESULTS MAY SHOW A SLIGHT INCREASE OVER
PRIOR REPORTS.**

PAGE 2 OF 2

Director of Laboratories

b6
b7C

SPIROTECH, INCORPORATED

ATLANTA, GEORGIA

SPIROTECH MODEL 300

SUMMARY TABLE PRINTOUT

PATIENT NAME: RESSLER

ID: NONE

DATE: 12/20/89 TEMP=38.3C BTPS CORR= .991 B

MALE WHITE HEIGHT: 73.0IN AGE: 52YRS DX

FVC CRIT= 5% FEV1 CRIT= 5% BAR PR=760.0 F0

NORMALS: KNUDSON/CHERNIACK

MOST REPRESENTATIVE TEST RESULTS

PARAM	ACT	PRED	%PRED
FVC	5.28	5.03	103%
FEV1.5	3.10	3.23	96%
FEV1	4.10	4.03	102%
FEV3	4.81	4.82	100%
PEFR	9.61	9.62	100%
MMEF	3.90	4.87	80%
FEF25%	7.11	8.88	80%
FEF50%	5.00	6.61	76%
FEF75%	1.36	3.39	40%
FEV1.5/VC	.59		
FEV1/VC	.78	.80	97%
FEV3/VC	.91		

Never smoked

WNC

12/20/89

INDIVIDUAL SPIROGRAM RESULTS

	1# 10:11	2# 10:12	3# 10:12
	ACT %PRED	ACT %PRED	ACT %PRED
FVC	5.28 103%	5.13 101%	5.05 99%
FEV1.5	3.10 96%	2.93 91%	3.06 95%
FEV1	4.10 102%	3.93 97%	3.77 94%
FEV3	4.81 100%	4.66 97%	4.54 94%
PEFR	9.61 100%	9.87 103%	9.07 94%
MMEF	3.90 80%	3.40 70%	2.88 59%
FEF25%	7.11 80%	7.84 88%	7.35 83%
FEF50%	5.00 76%	4.07 62%	4.28 65%
FEF75%	1.36 40%	1.18 35%	.44 13%
FEV1.5/VC	.59	.57	.61
FEV1/VC	.78 97%	.77 95%	.75 93%
FEV3/VC	.91	.91	.90

sec.

1 sec. at 10mm/sec

1 sec. at 10mm/sec

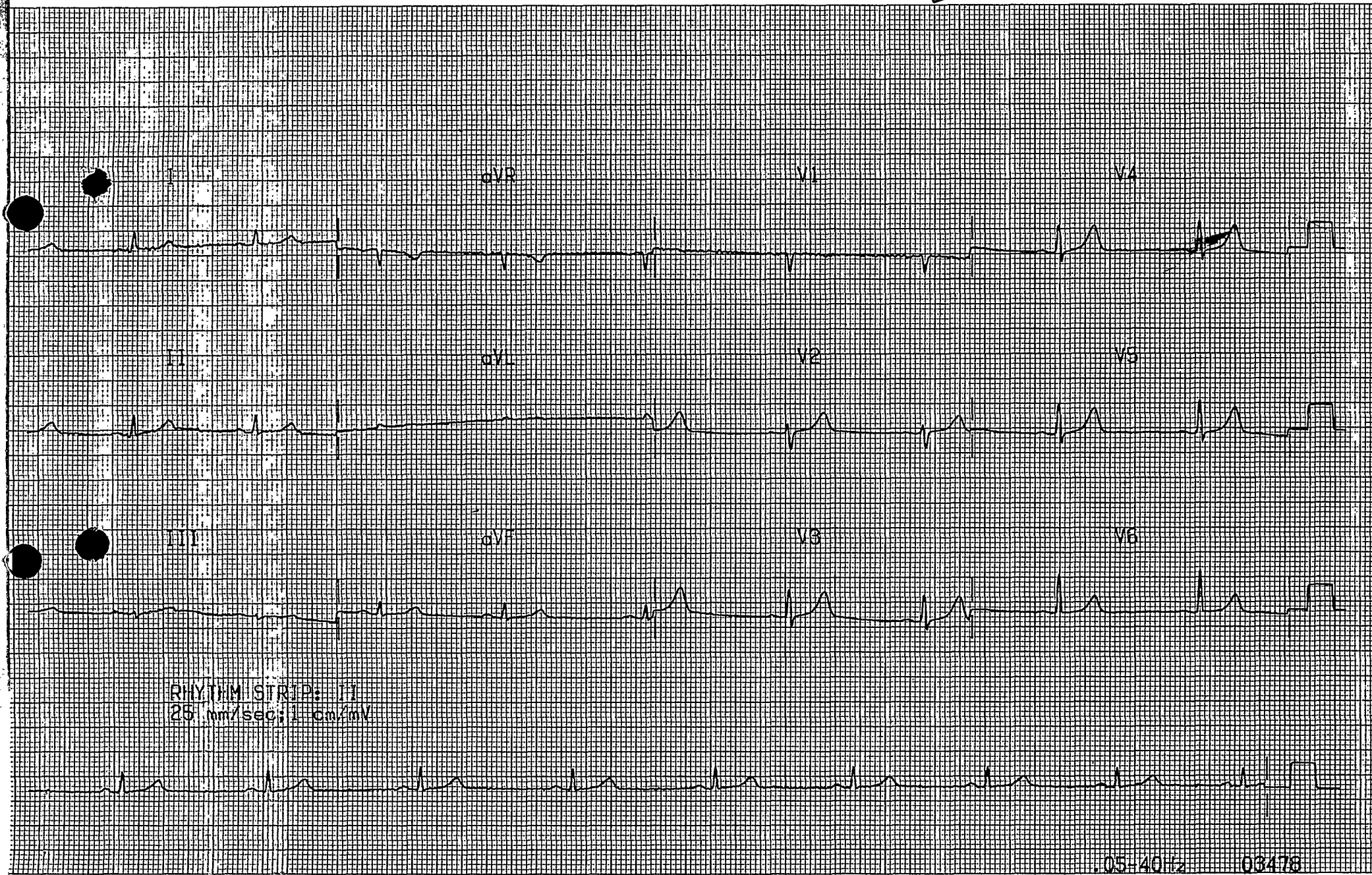
b6
b7c

RESSLER, ROBERT
12-20-89

Pate SI/cm.
WNC

12/20/89

b6
b7c



REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME RESSLER, ROBERT K.				2. SOCIAL SECURITY OR IDENTIFICATION NO. 357-28-1755					
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) 22553 25 Snow Hill Drive, Spotsylvania VA				4. POSITION (title, grade, component) Supervisory Special Agent					
5. PURPOSE OF EXAMINATION Annual			6. DATE OF EXAMINATION		7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)				
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) <i>Excellent to the best of my knowledge.</i> <i>FOR FILE 10-10-75</i>									
9. HAVE YOU EVER (Please check each item)						10. DO YOU (Please check each item)			
YES	NO	(Check each item)				YES	NO	(Check each item)	
	☒	Lived with anyone who had tuberculosis					☒	Wear glasses or contact lenses	
	☒	Coughed up blood					☒	Have vision in both eyes	
	☒	Bled excessively after injury or tooth extraction					☒	Wear a hearing aid	
	☒	Attempted suicide					☒	Stutter or stammer habitually	
	☒	Been a sleepwalker					☒	Wear a brace or back support	
11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)									
YES	NO	DON'T KNOW	(Check each item)		YES	NO	DON'T KNOW	(Check each item)	
	☒		Scarlet fever, erysipelas			☒		"Trick" or locked knee	
	☒		Rheumatic fever			☒		Foot trouble	
	☒		Swollen or painful joints			☒		Neuritis	
	☒		Frequent or severe headache			☒		Paralysis (include infantile)	
	☒		Dizziness or fainting spells			☒		Epilepsy or fits	
	☒		Eye trouble			☒		Car, train, sea or air sickness	
	☒		Ear, nose, or throat trouble			☒		Frequent trouble sleeping	
	☒		Hearing loss			☒		Depression or excessive worry	
	☒		Chronic or frequent colds			☒		Loss of memory or amnesia	
	☒		Severe tooth or gum trouble			☒		Nervous trouble of any sort	
	☒		Sinusitis			☒		Periods of unconsciousness	
	☒		Hay Fever			☒		Ringings in Ears.	
	☒		Head injury			☒			
	☒		Skin diseases			☒			
	☒		Thyroid trouble			☒			
	☒		Tuberculosis			☒			
	☒		Asthma			☒			
	☒		Shortness of breath			☒			
	☒		Pain or pressure in chest			☒			
	☒		Chronic cough			☒			
	☒		Palpitation or pounding heart			☒			
	☒		Heart trouble			☒			
	☒		High or low blood pressure			☒			
13. WHAT IS YOUR USUAL OCCUPATION? Special Agent - FBI					14. ARE YOU (Check one) ☒ Right handed ☐ Left handed				

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
☒	☐	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
☒	☐	B. Inability to perform certain motions.
☒	☐	C. Inability to assume certain positions.
☒	☐	D. Other medical reasons (If yes, give reasons.)
☒	☐	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
☒	☐	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
☒	☐	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
☒	☐	19. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
☒	☐	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
☒	☐	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
☒	☐	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
☒	☐	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
☒	☐	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)
19. Prostatitis - epididymitis - (over 20 years ago & other childhood illness - routine) 20. routine illness & injuries to include broken foot (rt) & trich knee based on broken cartilage. 21. Hearing problem & ear ringing MCV, Richmond Va and [redacted] Fredericksburg VA [redacted] past two/three years. Diagnosed "Tinnitus"		
I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.		
TYPED OR PRINTED NAME OF EXAMINEE ROBERT K. RESSLER		SIGNATURE <i>Robert K. Ressler</i>
NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.) Healthy for Wt gain of 6 pounds last year		
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER [redacted] M.D.		DATE 12/20/89
		SIGN [redacted]
		NUMBER OF ATTACHED SHEETS

REVERSE OF STANDARD FORM 93

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b6
b7C

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

RESSLER

Last

ROBERT

First

Kenneth

Middle

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

lens on

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Signature of Medical Examiner

12/20/89

Date

b6
b7c

RED SEAL CLASP
KRAFT
NO. 80 SIZE 9 X 12

RETIRE

SA MEDICAL REPORTS
Approved For: ROBERT KESSLER
Personnel File No. _____



b6
b7C

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME RESSLER, Robert Kenneth			2. GRADE AND COMPONENT OR POSITION GS 14-Special Agent		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 2553 25 Snow Hill Drive, Spotsylvania Va.			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 12-20-89 PHF 12/20/89 phys	
7. SEX M	8. RACE Can	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 10 CIVILIAN 20		10. AGENCY FBI	11. ORGANIZATION UNIT FBI Academy	
12. DATE OF BIRTH 2/21/37 (52)		13. PLACE OF BIRTH Oak Park, Illinois		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Helene M. Ressler		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS FBIHQ/HIS				16. OTHER INFORMATION		
17. RATING OR SPECIALTY Supervising Special Agent FBI				TIME IN THIS CAPACITY (Total) 20 years.		LAST SIX MONTHS

NOR- MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int & ext canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Rectal - Normal - small tag at 6 o'clock
Prostate - residual enlargement at base & shift of median lobe to Rt

mid vesing

Rt facial weakness - loss of skin fold and drooping Rt lip
Puffing of Rt cheek & whisking

Stress test & continuation

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES 12/20/89																																																													
<table border="0"><tr><td colspan="4">Restorable teeth</td><td colspan="4">Non-restorable teeth</td><td colspan="4">Missing teeth</td><td colspan="4">Replaced by dentures</td><td colspan="4">Fixed Partial dentures</td></tr><tr><td>1</td><td>2</td><td>3</td><td>30</td><td>1</td><td>2</td><td>3</td><td>30</td><td>1</td><td>2</td><td>3</td><td>30</td><td>1</td><td>2</td><td>3</td><td>30</td><td>1</td><td>2</td><td>3</td><td>30</td></tr><tr><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td><td>16</td><td>15</td><td>14</td><td>13</td></tr></table>																		Restorable teeth				Non-restorable teeth				Missing teeth				Replaced by dentures				Fixed Partial dentures				1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13		
Restorable teeth				Non-restorable teeth				Missing teeth				Replaced by dentures				Fixed Partial dentures																																																															
1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30																																																												
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13																																																												

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS																																								
51. HEIGHT 6'11"		52. WEIGHT 190		53. COLOR HAIR		54. COLOR EYES		55. BUILD: ☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE		56. TEMPERATURE 94.3																														
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																		
A. SITTING SYS. 108 DIAS. 72		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 60		B. AFTER EXERCISE		C. 2 MIN. AFTER																														
59. DISTANT VISION		60. REFRACTION				61. NEAR VISION																																		
RIGHT 20/ 33		CORR. TO 20/ 20		BY S.		CX		20/100		CORR. TO 20/25 BY																														
LEFT 20/ 40		CORR. TO 20/ 33		BY S.		CX		20/100		CORR. TO 20/33 BY																														
62. HETEROPHORIA (Specify distance)																																								
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT																														
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																														
RIGHT LEFT				PASSED 6/6						CORRECTED																														
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION																														
										OD 16 OS 18																														
70. HEARING				71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																														
RIGHT WV		/15 SV		/15		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>250 256</td> <td>500 512</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td>15</td> <td>35</td> <td>40</td> <td>35</td> <td>45</td> <td>65</td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td>15</td> <td>30</td> <td>40</td> <td>65</td> <td>60</td> <td>70</td> <td></td> <td></td> </tr> </table>							250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT	15	35	40	35	45	65			LEFT	15	30	40	65	60	70			<i>Moderately slow 14 F hrs</i>	
	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192																																
RIGHT	15	35	40	35	45	65																																		
LEFT	15	30	40	65	60	70																																		
LEFT WV		/15 SV		/15																																				

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

59+61.- AGENT ADVISED VISION DOES NOT MEET FBI STANDS.-PPT

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

*RT facial weakness with lip droop - ? cause
Mild erosion about*

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

*Neurological consultation
prescription of 10 pounds
better exercise program*

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

Full duty

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

10.

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS



**National
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Laboratories**
INCORPORATED

13900 PARK CENTER ROAD

HERNDON, VIRGINIA 22071

PHONE (703) 742-3100

FEDERAL BUREAU OF
INVESTIGATION HDQTS.
10TH AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME
RESSLER ROBERT

SEX
M

AGE

ACCESSION
678797

DATE OF ACCESSION
12/06/89

DATE OF REPORT
12/08/89

ACCOUNT NO.

2710012

0668

TEST

RESULTS

ABNORMAL
FLAG

NORMAL VALUES

BEGLEY

FINAL REPORT

PROFILE 5470

HEALTH SURVEY PROFILE I

GLUCOSE
BLOOD UREA NITROGEN
CREATININE
SODIUM
POTASSIUM
CHLORIDE
CARBON DIOXIDE
URIC ACID

96 MG/DL
20 MG/DL
0.9 MG/DL
142 MEQ/L
4.3 MEQ/L
102 MEQ/L
27 MEQ/L
5.7 MG/DL

65 - 115
7 - 25
0.6 - 1.5
135 - 147
3.5 - 5.3
96 - 109
22 - 32

TOTAL PROTEIN
ALBUMIN
GLOBULIN
A/G RATIO
CALCIUM
PHOSPHORUS

7.3 G/DL
5.0 G/DL
2.3 G/DL
2.2
9.0 MG/DL
3.3 MG/DL

M: 3.0 - 9.0
F: 2.2 - 7.7
6.0 - 8.5
3.5 - 5.5
2.0 - 3.5
1.0 - 2.4
8.5 - 10.8

CHOLESTEROL
CHOLESTEROL REFERENCE RANGES

246 MG/DL
ARE BASED ON N.I.H. GUIDELINES

*** DESIRABLE: < 200
BORDERLINE: 200-239
ELEVATED: > 239

HDL CHOLESTEROL

73 MG/DL

M: 30 - 75
F: 40 - 90

LDL CHOLESTEROL (CALC.)
LDL-CHOL. REFERENCE RANGES ARE BASED ON N.I.H. GUIDELINES

156 MG/DL

*** DESIRABLE: < 130
BORDERLINE: 130-159
ELEVATED: > 159

CHOLESTEROL/HDL CHOL. RATIO 3.4

CHD RISK TOTAL/HDL
CHOL RATIO

LDL/HDL CHOLESTEROL RATIO
TRIGLYCERIDES
ALKALINE PHOSPHATASE

2.13
86 MG/DL
67 U/L

M F
0.5 X AVG 3.4 3.3
1.0 X AVG 5.0 4.4
2.0 X AVG 9.6 7.1
3.0 X AVG 13.4 11.0
LESS THAN 3.1

S G O T
S G P T
LACTIC DEHYDROGENASE
TOTAL BILIRUBIN
FERRITIN

20 U/L
17 U/L
177 U/L
0.5 MG/DL
248 NG/ML

30 - 150
<17 YRS: 80 - 490
>17 YRS: 25 - 140
0 - 40
0 - 45
100 - 240
0.2 - 1.2

MALE 20-450
FEMALE <45YR. 7-200
FEMALE >45YR. 10-350
MALE: 0-65
FEMALE: 0-45

GAMMA GLUTAMYL TRANSFERASE

31 U/L

Handwritten:
Hb
12/20/89

M.D. b6
Director of Laboratories b7C



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10TH AND PENN. AVENUE NW
WASHINGTON DC 20535
(202) 324-4976 RTE S 05

PATIENT NAME RESSLER ROBERT	SEX M	AGE	ACCESSION 678797	DATE OF ACCESSION 12/06/89	DATE OF REPORT 12/08/89	ACCOUNT NO. 2710012	0669
--------------------------------	----------	-----	---------------------	-------------------------------	----------------------------	------------------------	------

TEST

RESULTS

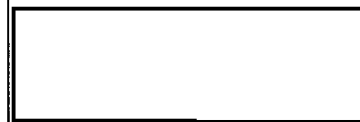
ABNORMAL
FLAG

NORMAL VALUES

TEST	RESULTS	NORMAL VALUES
BEGLEY	FINAL REPORT	
C B C WITH PLATELET	42.8 %	M: 39-54 F: 35-48
HEMATOCRIT	14.2 G/DL	M: 13.0 - 18.0
HEMOGLOBIN		F: 11.5 - 16.0
RED BLOOD COUNT	4.78 MILLION /CU.MM.	MALE: 4.4 - 6.2
MCV	90 CU. MICRONS	FEMALE: 3.8 - 5.4
MCH	29.8 MICRO-MICRO GMS	80 - 100
MCHC	33.2 %	27.0 - 34.0
WHITE BLOOD COUNT	7.1 THOUS/CU.MM.	31.0 - 36.0.
LYMPHOCYTE	40 %	4.0 - 11.0
NEUTROPHIL	49 %	18 - 46
MONOCYTE	8 %	45 - 75
EOSINOPHIL	2 %	0 - 11
BASOPHIL	1 %	0 - 6
PLATELET COUNT	251 THOUS/CU.MM.	0 - 2
THYROXINE (T4) - RIA	8.3 MCG/DL	140 - 450
BILIRUBIN - INDIRECT	0.5 MG/DL	4.5 - 12.5
BILIRUBIN - DIRECT	0.0 MG/DL	0.2 - 1.0
URINALYSIS - ROUTINE		0.0 - 0.4
COLOR	YELLOW	
URINE PH	5.0	5.0 - 9.0
SPECIFIC GRAVITY	1.020	1.003 - 1.030
GLUCOSE	NEGATIVE	NEGATIVE
PROTEIN	NEGATIVE	NEGATIVE
KETONES	NEGATIVE	NEGATIVE
BLOOD	NEGATIVE	NEGATIVE
BILIRUBIN	NEGATIVE	NEGATIVE
UROBILINOGEN	NEGATIVE	0 - 1+
LEUKOCYTE ESTERASE	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
OCCULT BLOOD - FECES	SOURCE: * *	
SEROLOGY (RPR) - QUAL.	NO SPECIMEN RECEIVED-PLEASE RESUBMIT AT NO CHARGE.	
SEROLOGY (RPR) - QUANT.	NON REACTIVE	NON-REACTIVE
FTA (IF RPR REACTIVE)	NOT INDICATED	NON-REACTIVE
GGT HAS BEEN RE-STANDARDIZED.	NOT INDICATED	
PRIOR REPORTS.	RESULTS MAY SHOW A SLIGHT INCREASE OVER	

PAGE 2 OF 2

Handwritten signature



M.D.
Director of Laboratories

b6
b7C



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12/20
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10TH AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME
RESSLER ROBERT

SEX
M

AGE
52

ACCESSION
052692

DATE OF ACCESSION
12/20/89

DATE OF REPORT
12/22/89

ACCOUNT NO.
2710012

0807

TEST

RESULTS

ABNORMAL
FLAG

NORMAL VALUES

OCCULT BLOOD - FECES

NEGATIVE FOR OCCULT BLOOD.

FINAL REPORT

SOURCE: STOOL * *

Neg X3

1/2/90

PAGE 1 OF 1

MC



Director of Laboratories

M.D. b6
b7C



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10TH AND PENN. AVENUE NW
WASHINGTON DC 20535
(202) 324-4976 RTE S 05

PATIENT NAME
RESSLER ROBERT

SEX
M

AGE
52

ACCESSION
052693

DATE OF ACCESSION
12/20/89

DATE OF REPORT
12/22/89

ACCOUNT NO.
2710012

0808

TEST

RESULTS

ABNORMAL
FLAG

NORMAL VALUES

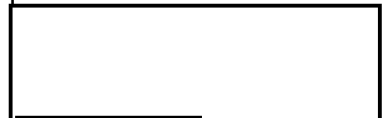
OCCULT BLOOD - FECES

NEGATIVE FOR OCCULT BLOOD.

FINAL REPORT
SOURCE: STOOL * *

PAGE 1 OF 1

MC



M.D. b6
Director of Laboratories b7C



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10TH AND PENN. AVENUE NW
WASHINGTON DC 20535

(202) 324-4976 RTE S 05

PATIENT NAME
RESSLER ROBERT

SEX
M

AGE
52

ACCESSION
052694

DATE OF ACCESSION
12/20/89

DATE OF REPORT
12/22/89

ACCOUNT NO.
271C012

0809

TEST

RESULTS

ABNORMAL
FLAG

NORMAL VALUES

OCCULT BLOOD - FECES

NEGATIVE FOR OCCULT BLOOD.

FINAL REPORT
SOURCE: STOOL * *

PAGE 1 OF 1

MC



M.D.
Director of Laboratories

b6
b7C

SPIROTECH, INCORPORATED

ATLANTA, GEORGIA

SPIROTECH MODEL 300

SUMMARY TABLE PRINTOUT

PATIENT NAME: RESSLER

DOB: NONE

DATE: 12/20/89

TEMP: 98.3C

BTPS CORR: .991

SEX: MALE

RACE: WHITE

HEIGHT: 73.0IN

AGE: 52YRS

FEV1 CRIT: 15%

FEV1 CRIT: 5%

BAR: PR: 760.0

FO: 1.0

ALL NORMALS: KNUDSON/CHERNIACK

MOST REPRESENTATIVE TEST RESULTS

PARAMS ACT %PRED %PRED

FEV1 5.26 103% 103%

FEV1.5 3.10 96% 96%

FEV1.75 4.10 102% 102%

FEV3 4.81 100% 100%

PEFR 9.61 100% 100%

MMEF 3.90 80% 80%

FEF25% 7.11 80% 80%

FEF50% 5.00 76% 76%

FEF75% 1.36 40% 40%

FEV1.5/VC 1.59 97% 97%

FEV1/VC 1.78 97% 97%

FEV3/VC 1.91 97% 97%

INDIVIDUAL SPIROGRAM RESULTS

1* 10/11 2* 10/12 3* 10/12

ACT %PRED ACT %PRED ACT %PRED

FEV1 5.26 103% 5.13 101% 5.05 98%

FEV1.5 3.10 96% 2.93 91% 3.06 95%

FEV1.75 4.10 102% 3.99 97% 3.77 94%

FEV3 4.81 100% 4.66 97% 4.54 94%

PEFR 9.61 100% 9.87 103% 9.07 94%

MMEF 3.90 80% 3.40 70% 2.88 58%

FEF25% 7.11 80% 7.84 88% 7.35 83%

FEF50% 5.00 76% 4.07 62% 4.28 65%

FEF75% 1.36 40% 1.18 35% 1.44 13%

FEV1.5/VC 1.59 97% 1.57 97% 1.61 97%

FEV1/VC 1.78 97% 1.77 95% 1.75 93%

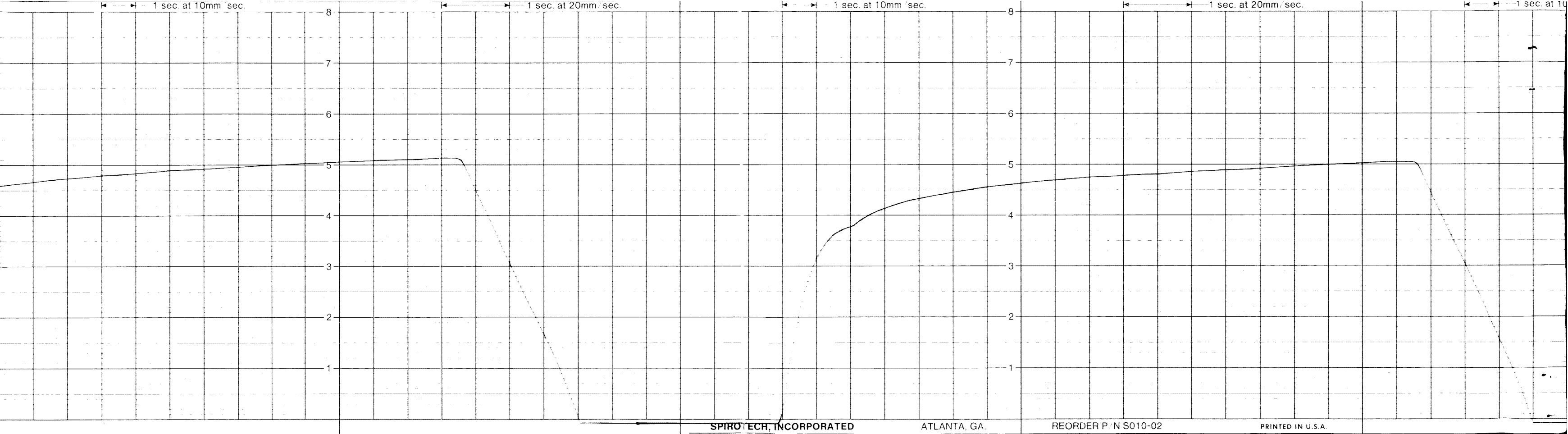
FEV3/VC 1.91 97% 1.91 97% 1.90 97%

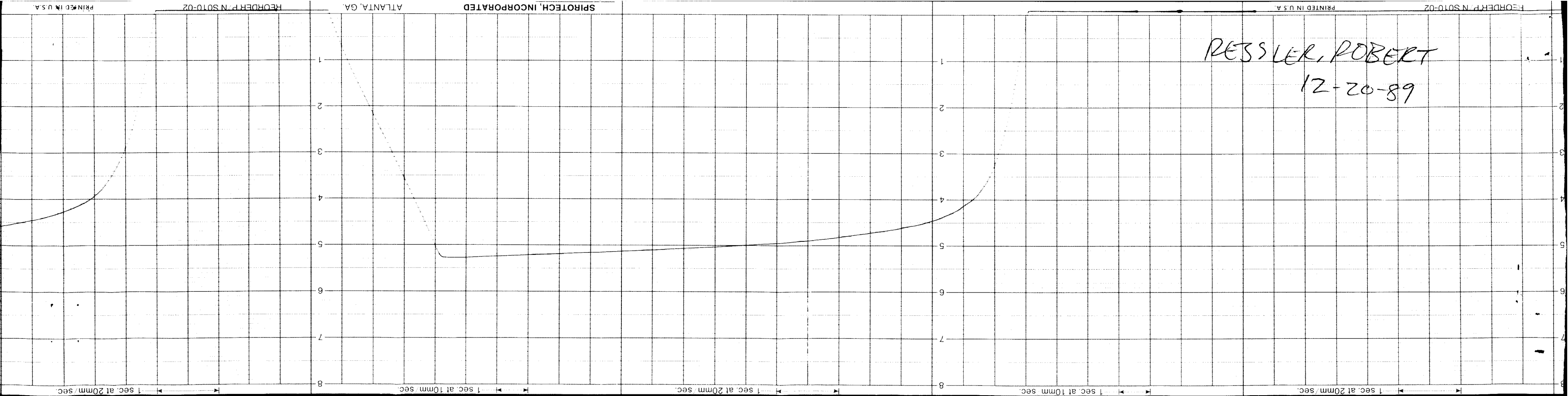
Never smoked

WNL

12/50/89

b6
b7c





RESSLER ROBERT
12-20-89

Pace 51/min.
WNC

12/20/89

b6
b7c



REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME RESSLER, ROBERT K.		2. SOCIAL SECURITY OR IDENTIFICATION NO. 357-28-1755	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) 22553 25 Snow Hill Drive, Spotsylvania VA		4. POSITION (title, grade, component) Supervisory Special Agent	
5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION	
		7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

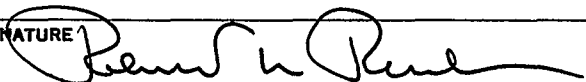
Excellent to the best of my knowledge.

9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)	
YES	NO	YES	NO
☒	☐	☒	☐
(Check each item)		(Check each item)	
☒	☐	☒	☐
Lived with anyone who had tuberculosis		Wear glasses or contact lenses	
☒	☐	☒	☐
Coughed up blood		Have vision in both eyes	
☒	☐	☒	☐
Bled excessively after injury or tooth extraction		Wear a hearing aid	
☒	☐	☒	☐
Attempted suicide		Stutter or stammer habitually	
☒	☐	☒	☐
Been a sleepwalker		Wear a brace or back support	

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)			
YES	NO	DON'T KNOW	(Check each item)
☒	☐	☐	Scarlet fever, erysipelas
☒	☐	☐	Rheumatic fever
☒	☐	☐	Swollen or painful joints
☒	☐	☐	Frequent or severe headache
☒	☐	☐	Dizziness or fainting spells
☒	☐	☐	Eye trouble
☒	☐	☐	Ear, nose, or throat trouble
☒	☐	☐	Hearing loss
☒	☐	☐	Chronic or frequent colds
☒	☐	☐	Severe tooth or gum trouble
☒	☐	☐	Sinusitis
☒	☐	☐	Hay Fever
☒	☐	☐	Head injury
☒	☐	☐	Skin diseases
☒	☐	☐	Thyroid trouble
☒	☐	☐	Tuberculosis
☒	☐	☐	Asthma
☒	☐	☐	Shortness of breath
☒	☐	☐	Pain or pressure in chest
☒	☐	☐	Chronic cough
☒	☐	☐	Palpitation or pounding heart
☒	☐	☐	Heart trouble
☒	☐	☐	High or low blood pressure
YES	NO	DON'T KNOW	(Check each item)
☒	☐	☐	Cramps in your legs
☒	☐	☐	Frequent indigestion
☒	☐	☐	Stomach, liver, or intestinal trouble
☒	☐	☐	Gall bladder trouble or gallstones
☒	☐	☐	Jaundice or hepatitis
☒	☐	☐	Adverse reaction to serum, drug, or medicine
☒	☐	☐	Broken bones
☒	☐	☐	Tumor, growth, cyst, cancer
☒	☐	☐	Rupture/hernia
☒	☐	☐	Piles or rectal disease
☒	☐	☐	Frequent or painful urination
☒	☐	☐	Bed wetting since age 12
☒	☐	☐	Kidney stone or blood in urine
☒	☐	☐	Sugar or albumin in urine
☒	☐	☐	VD—Syphilis, gonorrhea, etc.
☒	☐	☐	Recent gain or loss of weight
☒	☐	☐	Arthritis, Rheumatism, or Bursitis
☒	☐	☐	Bone, joint or other deformity
☒	☐	☐	Lameness
☒	☐	☐	Loss of finger or toe

12. FEMALES ONLY: HAVE YOU EVER			
YES	NO	DON'T KNOW	(Check each item)
☐	☐	☐	Been treated for a female disorder
☐	☐	☐	Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION? Special Agent - FBI		14. ARE YOU (Check one) ☒ Right handed ☐ Left handed	
--	--	--	--

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
✓		B. Inability to perform certain motions.
✓		C. Inability to assume certain positions.
✓		D. Other medical reasons (If yes, give reasons.)
✓		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
✓		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
✓		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
✓		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
✓		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
✓		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
✓		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
✓		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)
19. Prostatitis - epididymitis - (over 20 years ago + other childhood illness - routine) 20. routine illness & injuries to include broken foot (rft) + rich knee based on broken cartilage. 21. Hearing problem & ear ringing. MCV, Richmond Va and [redacted] Fredericksburg VA - over past two/three years. Diagnosed "Tinnitus"		
I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.		
TYPED OR PRINTED NAME OF EXAMINEE ROBERT K. ROSSLER		SIGNATURE 
NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.) Healthy year w/ gain of 6 pounds last year		
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER [redacted]		DATE 12/20/89
REVERSE OF STANDARD FORM 93		SIGNATURE [redacted]
NUMBER OF ATTACHED SHEETS		[redacted]

b6
b7C

b6
b7C

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

RESSLER

Last

ROBERT

First

Kenneth

Middle

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

has on

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Signature of Medical Examiner

12/20/89

Date

b6
b7C

REPORT OF MEDICAL EXAMINATION

115-1214
Quantico

1. LAST NAME—FIRST NAME—MIDDLE NAME RESSLER, ROBT K.			2. GRADE AND COMPONENT OR POSITION GS14-Spec Agent		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 25 Snow Hill Drive Springhouse VA 22553			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 11-14-88	
7. SEX M	8. RACE Cau	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 10 CIVILIAN 19		10. AGENCY FBI	11. ORGANIZATION UNIT Phase II	
12. DATE OF BIRTH 2/21/51		13. PLACE OF BIRTH Oak Park, Ill		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Helen M. Ressler		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Health Service Room 6344 JEH Building				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

NOR-MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistula) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

11/14/88. PFT-machine broken.
[Redacted] P.P.T. b6 b7C
Retal - normal
Prostate - normal
11/22/88 Annual Physical received in
H.S. Addressed all concerns recommended
action. [Redacted] C.P.T. -

✓ Pelvic test to left inserted by 1/2" left hand left
asymptomatic

OK for [Redacted] b6 b7C
11/14

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																																																																																																																																									
<table border="0"><tr><td colspan="4">Restorable teeth</td><td colspan="4">Non-restorable teeth</td><td colspan="4">Missing teeth</td><td colspan="4">Replaced by dentures</td><td colspan="4">Fixed Partial dentures</td></tr><tr><td>1</td><td>2</td><td>3</td><td>30</td><td>1</td><td>2</td><td>3</td><td>30</td><td>1</td><td>2</td><td>3</td><td>30</td><td>1</td><td>2</td><td>3</td><td>30</td><td>1</td><td>2</td><td>3</td><td>30</td></tr><tr><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>R</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>L</td><td></td><td></td></tr><tr><td>I</td><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td><td>E</td><td></td><td></td></tr><tr><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>F</td><td></td><td></td></tr></table>																		Restorable teeth				Non-restorable teeth				Missing teeth				Replaced by dentures				Fixed Partial dentures				1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30	0																				R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L			I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E			T																	F		
Restorable teeth				Non-restorable teeth				Missing teeth				Replaced by dentures				Fixed Partial dentures																																																																																																																									
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REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

3
KRS

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. EKG WALK	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

b6
b7C

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 6'1"	52. WEIGHT 184	53. COLOR HAIR	54. COLOR EYES	55. BUILD: ☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	56. TEMPERATURE 97.5
57. BLOOD PRESSURE (Arm at heart level) A. SITTING SYS. 122 DIAS. 67 B. RECUMBENT SYS. 122 DIAS. 67 C. STANDING (3 min.) SYS. 122 DIAS. 67			58. PULSE (Arm at heart level) A. SITTING 60 B. AFTER EXERCISE C. 2 MIN. AFTER D. RECUMBENT E. AFTER STANDING 3 MIN.		
59. DISTANT VISION RIGHT 20/29 CORR. TO 20/18 BY S. CX LEFT 20/29 CORR. TO 20/18 BY S. CX			60. REFRACTION BY S. CX		
61. NEAR VISION 20/67 CORR. TO 20/20 BY 20/50 CORR. TO 20/25 BY			62. HETEROPHORIA (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD		
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result) 6/6 passed		65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST	
69. INTRAOCULAR TENSION OD 18/OS 16		70. HEARING RIGHT WV /15 SV /15 LEFT WV /15 SV /15		71. AUDIOMETER 250 500 1000 2000 3000 4000 6000 8000 256 512 1024 2048 3072 4096 6144 8192 RIGHT 15 35 30 30 40 45 LEFT 15 30 30 55 55 55	
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) HF L > R					
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY					

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Healthy male.
High frequency hearing loss bilateral.
Petroic att to left.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Wagner contact dermatitis.

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

Full duty

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS